

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 452000

1. Entity Name

MARCUS PEDIATRICS, MAX MARCUS, D.O., AND DAVID M

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90297 008 ***150.00

Principal Place of Business

Mailing Address

4269 N.W. 88th Avenue
(Pine Island Road)
Sunrise, Florida 33351

4269 N.W. 88th Avenue
(Pine Island Road)
Sunrise, Florida 33351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4269 N.W. 88th Ave

3. Mailing Address

4269 N.W. 88th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

4. FEI Number

59-1542670

Applied For

Not Applicable

Zip

Country

33351-6044

U.S.A.

Zip

Country

33351-6044

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, DAVID

8411 W OAKLAND PARK BLVD., SUITE 301

FT LAUDERDALE FL 33351-4357

4269 N.W. 88th Avenue

(Pine Island Road)

Sunrise, Florida 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. To the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(address change)

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME MARCUS, DAVID
STREET ADDRESS 8411 W OAKLAND PK BLVD.
CITY-ST-ZIP SUNRISE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



~~Westside Pediatrics~~
Pine Plaza
4269 NW 88th Ave.
Sunrise, FL 33351

Change Addition

TITLE VPD
NAME SONENBLUM, MICHAEL
STREET ADDRESS 8411 W OAKLAND PK BLVD
CITY-ST-ZIP SUNRISE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



~~Westside Pediatrics~~
Pine Plaza
4269 NW 88th Ave.
Sunrise, FL 33351

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)