

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90260 046 ***150.00

DOCUMENT # 479157

1. Entity Name
SOKOLOWICZ & HELLER, M.D., P.A.



Principal Place of Business
**8525 SW 92ND ST
D-13
MIAMI FL 33156**

Mailing Address
**8525 SW 92ND ST
D-13
MIAMI FL 33156**

11013004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1593951**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~POZEN, RICHARD M.D.~~
**8525 S.W. 92ND STREET
MIAMI FL 33156**

Name **John Sokolowicz**
Street Address (P.O. Box Number is Not Acceptable)
8525 SW 92 ST
MIAMI, FL 33156
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Sokolowicz
Signature, typed or printed name of registered agent and title if applicable

John Sokolowicz

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SOKOLOWICZ, JOHN**
STREET ADDRESS **8525 SW 92ND ST**
CITY-ST-ZIP **MIAMI, FL 0**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

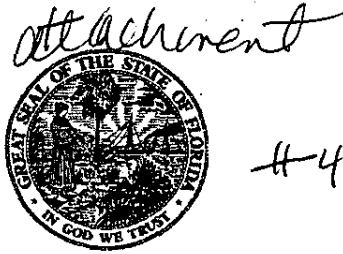
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

Date **4/21/03** Daytime Phone #

CR2E034 (10/02)



#479157

FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 19, 2003

SOKOLOWICZ & HELLER, M.D., P.A.
8525 SW 92ND ST
D-13
MIAMI, FL 33156

Subject: SOKOLOWICZ & HELLER, M.D., P.A.

Reference Number:

479157

11013004

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

~~If you have additional questions or need further assistance, please call the~~
Division of Corporations at (850) 488-9000.

/AL

ANNUAL REPORTS SECTION