

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 481879**Entity Name  
**MEDICAL MULTI-SPECIALTY GROUP OF WEST BROWARD, P****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90122 022 \*\*\*150.00

0347239 AV

Principal Place of Business  
**391 W. OAKLAND PK BLVD**  
**SUNRISE FL 33351**Mailing Address  
**8391 W. OAKLAND PK BLVD**  
**SUNRISE FL 33351**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-1635576**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****LASKIN, RONI C**  
**8211 W. BROWARD BLVD.**  
**PH-2**  
**PLANTATION FL 33324****7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	LINDEN, STEVEN F	8391 W. OAKLAND PARK BLVD	SUNRISE FL 33351	<input type="checkbox"/>
VPT	KOCH, HOWARD S	8391 W. OAKLAND PK BLVD	SUNRISE FL 33351	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

3. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Steven F. Linden****2/5/02**

Date

**(954) 749-1616**

Daytime Phone #

CR2E034 (9/01)