

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 499360

1. Entity Name
JOEL P. KALLAN, M.D., P.A.

Principal Place of Business
3661 SOUTH MIAMI AVENUE
SUITE #708
MIAMI FL 33133

Mailing Address
3661 SOUTH MIAMI AVENUE
SUITE #708
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1655294

Applied For
Not Applicable

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

KALLAN, JOEL P. M.D.
MERCY PROFESSIONAL BLDG.
3661 S MIAMI
MIAMI FL 33133

Name

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

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.

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS KALLAN, JOEL P.
CITY-ST-ZIP 3661 S. MIAMI AVENUE
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME 800004526418-3
STREET ADDRESS -08/09/01--01015--007
CITY-ST-ZIP *****150.00 *****150.00

☐ Change ☐ Addition

TITLE
NAME LS
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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 #

FILED

01 JUL 25 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

JOEL P. KALLAN, M.D., P.A.
FELLOW, AMERICAN COLLEGE OF SURGEONS
DIPLOMATE, AMERICAN BOARD OF ORTHOPAEDIC SURGERY

ATTACHMENT
202

MERCY PROFESSIONAL BUILDING
SUITE 708
3661 SOUTH MIAMI AVENUE
MIAMI, FLORIDA 33133

TELEPHONE
(305) 858-
6400

7/20/01

499360

To Whom it may concern.
This is the first receipt of the
2001 W.B.R. By our office.
therefore it would have been
impossible to file before
May 1st - as the form
is required for payment.
We are enclosing 2 checks.
\$150 + \$550. One to
Pay for not getting a bill
this year and another
in case the same mistake
is made for the next year or
years also. That way we won't
be penalized for other people's
mistakes.
thanks,