

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 513945

1. Entity Name

RAYMOND T. CRISSEY, M. D., P. A.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90431 046 \*\*\*150.00

Principal Place of Business

445 NE 8TH ST  
HOMESTEAD FL 33030  
US

Mailing Address

445 NE 8TH ST  
HOMESTEAD FL 33030  
US

2. Principal Place of Business

Suite, Apt. #, etc.

C

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

30001 S.W. 172 AVE

Homestead FL.

33030

DADE

6. Name and Address of Current Registered Agent

CAHAN, RICHARD J, ESQ  
200 SO. BISCAYNE BLVD.  
STE 3650  
MIAMI FL 33131

4. FEI Number 59-1692164

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

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 \$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

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME CRISSEY, RAYMOND T.  
STREET ADDRESS 447 N.E. 8TH ST.  
CITY- ST- ZIP HOMESTEAD FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY- ST- ZIP

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: Raymond T. Crissey (RAYMOND T. CRISSEY) 4/23/01 305-247-7770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)