

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 518164

FILED
Sep 12, 2002
Secretary of State

Entity Name: MEL ABRAMS, M.D., P.A.

Current Principal Place of Business:

3450 E. FLETCHER AVE. ST. 250
TAMPA, FL 336131603

New Principal Place of Business:

3733 NORTH GOLDENROD ROAD
1005
WINTER PARK, FL 32792

Current Mailing Address:

3450 E. FLETCHER AVE. ST. 250
TAMPA, FL 336131603

New Mailing Address:

3733 NORTH GOLDENROD ROAD
1005
WINTER PARK, FL 32792

FEI Number: 59-1698486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, MEL
3450 E. FLETCHER AVENUE, SUITE 250
TAMPA, FL 336131603 US

Name and Address of New Registered Agent:

AEBEL, ERIN S ESQUIRE
101 EAST KENNEDY BLVD.
2800
TAMPA, FL 33602 US

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: ERIN SMITH AEBEL

09/12/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABRAMS, MEL M.D.,
Address: 3450 E FLETCHER AVE #250
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: ABRAMS, ELIZABETH N
Address: 3733 NORTH GOLDENROD ROAD
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH N. ABRAMS

DPST

09/12/2002

Electronic Signature of Signing Officer or Director

Date