

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90019 049 \*\*\*150.00

**DOCUMENT # 522803**

1. Entity Name

HARLAN I. WALD, M.D., P.A.

Principal Place of Business <del>3700 WASHINGTON STREET, SUITE 404 HOLLYWOOD FL 33021</del>	Mailing Address <del>3700 WASHINGTON STREET, SUITE 404 HOLLYWOOD FL 33021</del>
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769502



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1501 SE 10 St Suite, Apt. #, etc.	3. Mailing Address 1501 SE 10 Street Suite, Apt. #, etc.
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City & State Fort Lauderdale FL	City & State Fort Lauderdale, FL	4. FEI Number 59-1728374	Applied For <input type="checkbox"/> Not Applicable
Zip 33316	Country <del>Broward</del>	Zip 33316	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WALD, HARLAN I.  
~~3700 WASHINGTON STREET  
HOLLYWOOD FL 33021~~

7. Name and Address of New Registered Agent

Name: WALD, Harlan I  
Street Address (P.O. Box Number is Not Acceptable): 1501 SE 10 ST  
City: Fort Lauderdale FL Zip Code: 33316

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: *X Harlan I Wald* HARLAN I. WALD, M.D., ~~PA~~ DATE: 5.19.01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WALD, HARLAN I. <del>3700 WASHINGTON STREET HOLLYWOOD FL</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wald, Harlan I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1501 SE 10 ST Fort Lauderdale FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X Harlan I Wald* HARLAN I. WALD, M.D., ~~PA~~ 954-523-7204  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)