

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90049 020 ***158.75

DOCUMENT # 589662

1. Entity Name

M. LEE PEARCE, M.D.,P.A.

Principal Place of Business

AMERICAN MEDICAL PLAZA
11880 S.W. 40TH STREET, SUITE #405
MIAMI FL 33175
US

Mailing Address

AMERICAN MEDICAL PLAZA
11880 S.W. 40TH STREET, SUITE #405
MIAMI FL 33175
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11880 Bird Road

3. Mailing Address

11880 Bird Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

Suite 203

City & State

City & State

Miami, FL

Miami, FL

Zip
33175

Country

Zip
33175

Country
USA

4. FEI Number

59-2099020

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

MUDD, JOHN

11880 S.W. 40TH STREET

SUITE 405

MIAMI FL 33175

Name

MUDD, JOHN

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

5601 North Dixie Highway, #420

Suite 420

City

Ft. Lauderdale

FL

Zip Code

33334

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **PEARCE, M. LEE MD.**
 CITY-ST-ZIP **11880 S.W. 40TH STREET, #405**
MIAMI FL

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **5601 North Dixie Highway, #420**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **WIENER, A.B.**
 CITY-ST-ZIP **11880 S.W. 40TH STREET, #405**
MIAMI FL

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **5601 North Dixie Highway**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
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TITLE ☐ Delete
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☐ Change ☐ Addition
 TITLE
 NAME
 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:

M. Lee Pearce
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02
 Date

(954) 202-1998
 Daytime Phone #

CR2E034 (9/01)