## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # 597273 1. Entity Name DONALD N. APPLEBAUM, M.D., P.A. 05-02-2000 90040 020 \*\*\*150.00 Principal Place of Business Mailing Address 333 ARTHUR GODFREY RD #202 333 ARTHUR GODFREY RD #202 MIAMI BEACH FL 33140-3627 MIAMI BEACH FL 33140 3. Mailing Address 2. Principal Place of Business 300 Arthur (soffier Rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. കറ 200 City & State City & State 4. FEI Number Applied For 59-1885483 Not Applicable CountrySA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent APPLEBAUM, DONALD N 333 ARTHUR GODFREY RD #202 MIAMI BEACH FL JL 33140 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. PRES Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Addition TITLE ☐ Delete TITLE Applebaum, Donald N APPLEBAUM, DONALD N NAME NAME 300 Acthur GodFrey STREET ADDRESS 333 ARTHUR GODFREY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DILE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empowerse to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12