

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600276

1. Entity Name

MILLER, KULVIN AND POOLE, M.D., P.A.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90051 023 ***150.00

Principal Place of Business

Mailing Address

**4300 ALTON ROAD
 MIAMI BEACH FL 33140**

**4300 ALTON ROAD
 MIAMI BEACH FLA 33140-2800**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1174369

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, GORDON R M.D.
 4300 ALTON ROAD
 EYE DEPARTMENT
 MIAMI BEACH FL 33140**

Name

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

City

FL

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	ST	<input type="checkbox"/> Delete
NAME	KULVIN, STEPHEN	
STREET ADDRESS	4300 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, GORDON R	
STREET ADDRESS	4300 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POOLE, TAYLOR G M.D.	
STREET ADDRESS	4300 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ✓

Stephen A Miller MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/00 305 532 2331

CR2E034 (9/99)