2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

1045 N.E. 125TH STREET

600441 DOCUMENT

1. Entity Name

DR. PAUL T. RICHMAN, P.A.

Principal Place of Business

1045 N.E. 125TH STREET



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90081 013 ***150.00

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Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additions Fee Required Fee Required Fee Required Fee Required Final Address of New Registered Agent Name Street Address (PO. 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 Fiorida. I am familiar with, and a the obligations of registered agent. SiGNATURE Signature Registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11 NAME SIRECTADRESS CITY-ST-ZP NORTH MIAMI FL Delete NITE NAME SIRECTADRESS SIRECTADRESS CITY-ST-ZP NORTH MIAMI BEACH FL NOR	NOHIH MIAMI PL 33161-5804	NORTH MIAMI FL 33161-58	04	 		
City & State Country S. Certificate of Status Desired	2. Principal Place of Business	3. Mailing Address				
Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additiona Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1045 N E 125TH ST Name and Address of New Registered Agent 1045 N E 125TH ST Name and Address of New Registered Agent 1045 N E 125TH ST Name and Address of New Registered Agent Agent Address (P.O. Box Number is Not Acceptable) 6. 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. I am familiar with, and a the obligations of registered agent. 5. City FL Zip Code 6. 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. I am familiar with, and a the obligations of registered agent. 5. City FL Zip Code 6. 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. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
Country	City & State	City & State		4. FEI Number 59-1224217	Applied For	
RICHMAN, PAUL T 1045 N E 125TH ST N MIAMI FL 33161 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 Fiorida. I am familiar with, and as the obligations of registered agent. SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD			Country ~~~	5. Certificate of Status Desired	\$8.75 Additional	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 recent in true and sees 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 recent in true and sees 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 recent in true and sees 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 recent in true and sees not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental recent in true and sees not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental recent in true and sees not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental recent in true and sees not qualify for the exemption stated in Section 119.07(3)(ii).	AME TREET ADDRESS ITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP			

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 turther 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR