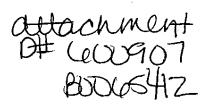
2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 17, 2001 8:00 am Secretary of State 600907 DOCUMENT # 1. Entity Name 09-17-2001 90014 039 ***150.00 MICHAEL L. ROSS, D.O., P.A. Principal Place of Business Mailing Address ~~~~~~T& 11401 BIRD RD 11401 BIRD RD SUITE 120 **SUITE 120** MIAMI FL 33165 MIAMI FL 33165 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-1258084 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSS. MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 11401 BIRD RD, STE 120 MIAM! FL 33165 City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Change ☐ Addition TITLE NAME ROSS, MICHAEL L NAME 6830 SW 120 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z!P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED



Michael L. Ross, D.O., P.A. 11401 Bird Road, Suite 120 Miami, FL 33165

September 11, 2001

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Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: EIN# 59-1258084 Document # 600907

Dear Sirs:

Enclosed is my Profit Corporation Annual Report for 2001 along with a check in the amount of \$150.00. Be advised that we did not receive the original annual report form. Kindly abate all penalties for late filing.

Should you have any questions, do not hesitate to contact me at (305) 551-0122.

Sincerely,

Michael L. Ross