

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90117 025 ***150.00

910340



DO NOT WRITE IN THIS SPACE

DOCUMENT # 601100

1. Entity Name
SOMMER, BRAND, LANOFF, ROSEN & ROSENKRANZ, M.D.,

Principal Place of Business 6140 S.W. 70TH ST S. MIAMI FL 33143	Mailing Address 6140 S.W. 70TH ST S. MIAMI FL 33143-3419
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2. Principal Place of Business		3. Mailing Address		4. FEI Number		5. Certificate of Status Desired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1263177		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		MIAMI, FL 33169		Applied For	
Zip		Zip		Country		Not Applicable	

GELBER & COMPANY
 285 N.W. 199th STREET, #204

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SOMMER, DAVID A. 6140 SW 70 ST. 2ND FLOOR S MIAMI FL 33143				Name BRAND, BARRY E. Street Address (P.O. Box Number is Not Acceptable) 6140 SW 70 STREET City S. MIAMI FL Zip Code 33143			

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMMER, DAVID A		NAME		
STREET ADDRESS	6140 SW 70 ST		STREET ADDRESS		
CITY-ST-ZIP	S MIAMI, FL 00000		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAND, BARRY		NAME		
STREET ADDRESS	6140 SW 70 ST		STREET ADDRESS		
CITY-ST-ZIP	S MIAMI, FL 00000		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANOFF, ROBERT C.		NAME		
STREET ADDRESS	6140 SW 70 ST		STREET ADDRESS		
CITY-ST-ZIP	S MIAMI 00000 FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETH, ROSEN		NAME		
STREET ADDRESS	6140 SW 70 ST		STREET ADDRESS		
CITY-ST-ZIP	S MIAMI FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENKRANZ, NEIL		NAME		
STREET ADDRESS	6140 SW 70 ST		STREET ADDRESS		
CITY-ST-ZIP	S MIAMI FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: [Signature] DATE: 1/24/00 DAYTIME PHONE: 315 665-1529

CR2E034 (9/99)