

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 601265**

1. Entity Name

IRA JOEL ABRAMSON, M.D., P.A.**FILED**
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90101 017 ***150.00

0290450 AV

Principal Place of Business

**1755 NE 127TH ST
NO. MIAMI FL 33181-2518
US**

Mailing Address

**2345 MAGNOLIA DR
NO. MIAMI FL 33181-2224
US****908583**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1267759**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

**ABRAMSON,IRA JOEL
1755 NE 127TH ST
NO. MIAMI FL 33181-2518**

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.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
ABRAMSON,IRA JOEL, M.D.
12300 N.E. 6TH COURT
N. MIAMI FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ABRAMSON, ELLEN
2345 MAGNOLIA DRIVE
NORTH MIAMI FL 33181** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ABRAMSON, ELLEN
2345 MAGNOLIA DRIVE
NORTH MIAMI FL 33181** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ABRAMSON, ELLEN
2345 MAGNOLIA DRIVE
NORTH MIAMI FL 33181** ☐ DeleteTITLE
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CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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☐ DeleteTITLE
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CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Ellen Abramson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/5/02 305-891-7855**
Date Daytime Phone #

CR2E034 (9/01)