

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90674 021 ***150.00

DOCUMENT # 601265

1. Entity Name

IRA JOEL ABRAMSON, M.D., P.A.



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**

2. Principal Place of Business

12900 NE 17th Avenue

Suite, Apt. #, etc.
Suite 205

3. Mailing Address

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

Zip

33181

Country

USA

Country

4. FEI Number

59-1267759

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ABRAMSON, IRA JOEL

1755 NE 127TH ST

NO. MIAMI FL 33181-2518

7. Name and Address of New Registered Agent

Name

ABRAMSON, IRA JOEL, M.D., P.A.

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

12900 NE 17th AVENUE SUITE 205

City

NORTH MIAMI

FL

Zip Code
33181

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. I am familiar with, and accept the obligations of registered agent.

IRA JOEL ABRAMSON, M.D., P.A. x

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/9/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ABRAMSON, IRA JOEL, M.D. 12300 N.E. 6TH COURT N. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABRAMSON, ELLEN 2345 MAGNOLIA DRIVE NORTH MIAMI FL 33181	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMSON, ELLEN 2345 MAGNOLIA DRIVE NORTH MIAMI FL 33181	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABRAMSON, ELLEN 2345 MAGNOLIA DRIVE NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ABRAMSON, IRA JOEL, M.D., P.A. 12900 NE 17th Avenue Suite 205 N. Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABRAMSON, IRA JOEL, M.D., P.A. 12900 NE 17th Avenue Suite 205 NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

IRA JOEL ABRAMSON, M.D., P.A.

SIGNATURE: x SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

305-893-5725

Date

Daytime Phone #

CR2E034 (10/02)