

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 601576

FILED  
Feb 07, 2002 8:00 AM  
Secretary of State

Entity Name: FREDRIC W. PULLEN II, M.D., P.A.

**Current Principal Place of Business:**

3661 S. MIAMI AVENUE #409  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3661 S. MIAMI AVENUE #409  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 59-1275909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCOY, FRANK  
85 NE 94 ST.  
MIAMI SHORES, FL 33138 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PULLEN, FREDRIC W II  
Address: 3661 S. MIAMI AVE.  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDRIC W PULLEN II MD

PD

02/07/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date