2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
02-06-2001 90239 044 ***150.00

DOCUMENT # 603517

1. Entity Name
DADELAND ALLERGY- EAR, NOSE & THROAT ASSOCIATES,

DADE400 331560261 1B00 19 01/12/01
NOTIFY SENDER OF NEW ADDRESS
:DADELAND ALLERY EAR NOSE & THROAT AS
~~1805 SW 124TH ST~~ 7805 S.W. 124 St
MIAMI FL ~~33156-3168~~ 33156 % Wruble

DO NOT WRITE IN THIS SPACE

~~7805 SW 124 ST.~~	7805 SW 124 St.
% Suite, Apt. #, etc. SYDNEY D. WRUBLE MD	Suite, Apt. #, etc. % Sydney D. Wruble, M.D.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33156 Country DADE	Zip 33156 Country DADE

4. FEI Number 59-1399058 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WRUBLE, SYDNEY D MD ~~1805 SW 124TH STREET~~ MIAMI FL 33156	Name WRUBLE SYDNEY D, MD Street Address (P.O. Box Number is Not Acceptable) 7805 SW 124 St City Miami FL Zip Code 33156

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 X Sydney D. Wruble MD. 01/31/01
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, 2001 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	PD SERRINS,ALAN J ~~7400 N. KENDALL DR~~ MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☑ Addition SERRINS ALAN J 7805 SW 124 St - % Wruble Miami, FL 33156
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRUBLE,SYDNEY D ~~7400 N. KENDALL DR.~~ MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Wruble Sydney D 7805 SW 124 St Miami, FL 33156
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WRUBLE, SYDNEY ~~7400 N. KENDALL DR.~~ MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Wruble, Sydney D. 7805 SW 124 St Miami, FL 33156
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / 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: Sydney D. Wruble M.D - % 01/31/01 305 233 9460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)