

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2001 8:00 am
Secretary of State

00622865 AV

DOCUMENT # 603686

1. Entity Name
BARRY M. GLASSMAN, M.D., PROFESSIONAL ASSOCIATIO

08-08-2001 90141 041 ***150.00

Principal Place of Business 100 NW 170TH ST STE #208 MIAMI FL 33169 US		Mailing Address 100 NW 170TH ST #208 MIAMI FL 33109 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1405582	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASSMAN, BARRY
16800 N.W. 2ND AVENUE
MIAMI FL 33169

7. Name and Address of New Registered Agent

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: *Barry M. Glassman* DATE: *7/20/01*

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barry M. Glassman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *7/20/01* Daytime Phone #: *2086033411*

CR2E034 (5/01)



Acct. # 603686
A0080074

FRIEDFELD & PANAGOS,
SALVER & CORCORAN, P.A.

CERTIFIED PUBLIC ACCOUNTANTS
& HEALTHCARE CONSULTANTS

Member of the
American Institute of
Certified Public Accountants

Member of the
Florida Institute of
Certified Public Accountants

July 23, 2001

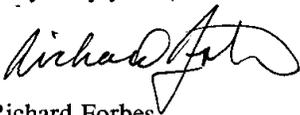
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

On behalf of our client Barry M. Glassman, M.D., P.A., we would like to notify you that the first notice of renewal was not received. We are enclosing a check for \$150.00 representing the fee due for May 1, 2001.

If you have any questions regarding this matter please do not hesitate to call Richard Forbes at (305) 823-3363 extension 258.

Very truly yours,



Richard Forbes