2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Zip

604259 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

7150 W. 20TH AVE.

HIALEAH FL 33016

STE. #304

SHELDON B. MEYERSON, M.D., P.A.

Country



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90198 031 ***150 00

	02-17-2003 30130 031 13
Mailing Address 7150 W. 20TH AVE. STE. #304 HIALEAH FL 33016	
3. Mailing Address	
Suite, Apt. #, etc.	 ☐ CHECK HERE IF MAKING CHANGES
City & State	 4 CCI Number

MEYERSON, SHELDON B PA 7150 W 20 AVE STE 304 HIALEAH FL 33016

•	7. Name and Address of New Registered Agent				
	Name				
		•			
	Street Address (P.O. Box N	Number is Not Acceptable	e)		
			· · · · · · · · · · · · · · · · · · ·		
	City			Zip Code	
			FL		

9. Election Campaign Financing

Trust Fund Contribution.

59-1447814

5. Certificate of Status Desired

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.

Country

SIGNATURE

NAME

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

Make Clieci	r rayable totic							
10.	, B. (18)	OFFICERS AND DIRECTO	RS	11.	AD	DITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11
π .	P		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	MEYERSON	MD., SHELDON B		NAME				
STREET ADDRESS	7150 W 20 A	VE., #304		STREET ADDRESS				
CITY ST-7IP	HIAL CAM. CI.		1	CITY_ST_7ID				

HIALEAM FL TITLE □ Defete Change ☐ Addition NAME MEYERSON MD., SHELDON B NAME STREET ADDRESS 7150 W 20 AVE., #304 STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS

TITLE

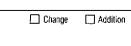
NAME
STREET ADDRES
CITY-ST-ZIP

☐ Delete TITLE

	CITY
☐ Delete	TITLE
	NAM

	STREET ADDRESS
ı	CITY-ST-ZIP
7	TITLE

	HILE
	NAME
l	STREET AODRESS



☐ Addition

☐ Change

☐ Change	☐ 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

CITY-ST-ZIP

SIGNATURE: