FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90056 014 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604802

1. Entity Name
SIME, DAVID W., MD,P. A.

Principal Place of Business	Mailing Address
34 SW 13 ST MIAMI FL 33130 US	P.O. BOX 3108 MIAMI FL 33245-0108

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
155 Biscay Drive Suite, Apt. #, etc.	155 Biscay Drive Suite, Apt. #, etc.
City & State: Bal Harbor FL	City & State: Bal Harbor, FL
Zip: 33154 Country:	Zip: 33154 Country:

4. FEI Number 59-1490501 — 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
SIME, DAVID W. 34 SOUTHWEST 13TH STREET MIAMI FL 33130	Name: David W. Sime Street Address (P.O. Box Number is Not Acceptable): 155 Biscay Drive City: Bal Harbor FL Zip Code: 33154

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 David W. Sime 4/27/01
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 SIME, DAVID W 155 BISCAY DR BAL HARBOUR FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: X David W. Sime 4/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

FROM : Carlson Frederick & Company,PA PHONE NO. : 3052421456 Apr. 27 2001 11:14AM P2