

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90477 019 ***150.00

DOCUMENT # 604802

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



Principal Place of Business
**155 BISCAY DR
BAL HARBOUR FL 33154
US**

Mailing Address
**155 BISCAY DR
BAL HARBOUR FL 33154
US**



2. Principal Place of Business

9140 BAY DR.

Suite, Apt. #, etc.

3. Mailing Address

9140 BAY DR

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SURFSIDE FLA

City & State
SURFSIDE FLA

4. FEI Number **59-1490501**

Applied For

Not Applicable

Zip
33154

Country
USA

Zip
33154

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIME, DAVID W.
155 BISCAY DR
BAL HARBOUR FL 33154**

7. Name and Address of New Registered Agent

Name **SIME DAVID W**

Street Address (P.O. Box Number is Not Acceptable)

9140 BAY DR

SURFSIDE

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete

NAME **SIME, DAVID W**
STREET ADDRESS **155 BISCAY DR**
CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)