FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # 638287** 1. Entity Name PHINEAS J. HYAMS, M.D., P.A. 01-23-2001 90123 014 ***150.00 Principal Place of Business Mailing Address 1321 NW 14 ST. #602 1321 NW 14 ST. #602 MIAMI FL 33125 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1943249 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HYAMS, PHINEAS J Street Address (P.O. Box Number is Not Acceptable) 1321 NW 14 ST. #602 **MIAMI FL 33125** Zip Code FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) ď. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change Addition HYAMS, PHINEAS J. NAME STREET ADDRESS 1321 NW 14TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. _ TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE AND TYPED OR DRINTED/NAME OF SIGNING OFFICER OR DIRECTOR