

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90107 025 ***150.00

872526



DO NOT WRITE IN THIS SPACE

DOCUMENT # 693910

1. Entity Name
DAVID R. SIMON, M.D., PH.D., P.A.

Principal Place of Business C/O DAVID R. SIMON, M.D. SUITE 106, 201 NORTH UNIVERSITY DRIVE PLANTATION FL 33324	Mailing Address C/O DAVID R. SIMON, M.D. SUITE 106, 201 NORTH UNIVERSITY DRIVE PLANTATION FL 33324
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2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2055534		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SIMON, DAVID R., M.D. SUITE 106, 201 NORTH UNIVERSITY DRIVE PLANTATION FL 33324-9091				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SIMON, DAVID R 201 N UNIVERSITY DR #106 PLANTATION FL	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date: _____ Daytime Phone #: _____

CRZE034 (4/02)

Attachment 872526
~~#693910~~

**AFFIDAVIT IN SUPPORT OF
REQUEST TO WAIVE THE
FLORIDA DEPARTMENT OF STATE
CORPORATION ANNUAL REPORT LATE FEES**

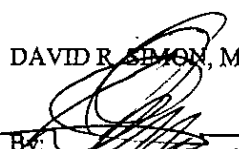
STATE OF FLORIDA)
COUNTY OF BROWARD)

1. David R. Simon is the President of DAVID R. SIMON, MD, PHD, PA, a Florida corporation, (hereinafter "Corporation").
2. That the Corporation failed to file its 2002 Uniform Business Report or pay the 2002 Uniform Business Report filing fee within the time prescribed by the Florida Statutes Chapter 607 because:
 - 2.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
3. The Corporation requests that the Florida Department of State waive the late fee for the Corporation upon the payment by the Corporation of its 2002 Uniform Business Report filing fee, which are presented simultaneously with this Affidavit.
4. DAVID R. SIMON, MD, PHD, PA, satisfies the requirements of the Florida Statutes 607.0401.

Dated 9/11/02 day of September, 2002

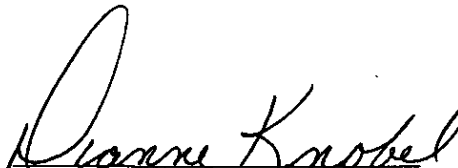
FURTHER, AFFIANT SAYETH NOT

DAVID R. SIMON, MD, PHD, PA


By: _____
David R. Simon, President

SWORN AND SUBSCRIBED

Before me this 12 day of September, 2002


Notary Public, State of Florida at Large

Printed Name: Dianne Knobel

Commission Expires: _____

NOTARY PUBLIC
STATE OF FLORIDA
DIANNE KNOBEL
MY APPOINTMENT EXPIRES MAY 11, 2003
COMMISSION NO. 00235665