

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90174 037 ***150.00

DOCUMENT # F02000004012

1. Entity Name
KENNETH NISSIM M.D., P.A. INCORPORATED



Principal Place of Business
**2409 DELAWARE AVE.
WILMINGTON DE 19806**

Mailing Address
**2409 DELAWARE AVE.
WILMINGTON DE 19806**

2. Principal Place of Business
**430 Grand Bay Dr.
Suite, Apt. #, etc. #604**

3. Mailing Address
**430 Grand Bay Dr.
Suite, Apt. #, etc. #604**

City & State
Key Biscayne FL

City & State
Key Biscayne FL

Zip
33149

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEE Number
51-0383953

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHALIT, JUDITH
445 GRAND BAY DRIVE, APT. 1111
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name **Judith Schalit**

Street Address (P.O. Box Number is Not Acceptable)
430 Grand Bay Dr. # 1007

City **Key Biscayne** **FL** Zip Code **33149**

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 *Judith Schalit* (NOTE: Registered Agent signature required when reinstating)

DATE **2/15/03**

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 NAME STREET ADDRESS CITY-ST-ZIP	CP NISSIM, KENNETH MD 430 GRAND BAY DRIVE, #604 KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NISSIM, ROBYN 430 GRAND BAY DRIVE, #604 KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Kenneth Nissim* **Kenneth Nissim** **2/15/03** **305-365-7477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)