

# 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  
Zip  
33149  
Country  
USA

City & State  
Key Biscayne FL  
Zip  
33149  
Country  
USA

4. FEI Number  
51-0383953

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

SCHALIT, JUDITH  
445 GRAND BAY DRIVE, APT. 1111  
KEY BISCAIYNE 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*  
Signature, typed or printed name of registered agent and title if applicable.

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

*Kenneth Nissim*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/03 305-365-7477

CR2E034 (10/02)