

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F10874**

1. Entity Name

JIM C. HIRSCHMAN, M.D., P.A.**FILED**
Aug 10, 2001 8:00 am
Secretary of State

08-10-2001 90002 015 ***550.00

Principal Place of Business

~~3659 SOUTH MIAMI AVE STE 4008~~
~~MIAMI FL 33133~~

Mailing Address

~~3659 SOUTH MIAMI AVE STE 4008~~
~~MIAMI FL 33133~~Jim C
Mercy

Miami, Florida 33133 00000738

Change of Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2041855

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HIRSCHMAN, JIM C., M.D.~~~~3659 SOUTH MIAMI AVE STE 4008~~
~~MIAMI FL 33133~~**Jim C Hirschman, M.D., P.A.**
Mercy Professional Bldg, Suite 902
3661 South Miami Avenue
Miami, Florida 33133

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 12, 2001, Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
DP	HIRSCHMAN, JIM C.	37 SAMANA	MIAMI FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:

Jim C Hirschman, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-3-001 **305**
856-6631

CR2E034 (5/01)