

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F10874**

1. Entity Name
JIM C. HIRSCHMAN, M.D., P.A.



FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90137 046 ***150.00

Principal Place of Business
MOREY PROFESSIONAL BLDG., SUITE 902
3661 SOUTH MIAMI AVENUE
MIAMI FL 33133

Mailing Address
MOREY PROFESSIONAL BLDG., SUITE 902
3661 SOUTH MIAMI AVENUE
MIAMI FL 33133

22000154



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
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
HIRSCHMAN, JIM C., M.D.
MOREY PROFESSIONAL BLDG., SUITE 902
3661 SOUTH MIAMI AVENUE
MIAMI FL 33133

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIRSCHMAN, JIM C. 37 SAMANA MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jim C. Hirschman, M.D.* **01/30/03** **305-856-6637**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/02)