

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # G16824

1. Entity Name
STEPHEN WISE UNGER, M.D., P.A.



Principal Place of Business
% STEPHEN WISE UNGER, M.D.
4302 ALTON RD 820
MIAMI BCH, FL 33140

Mailing Address
% STEPHEN WISE UNGER, M.D.
4302 ALTON RD 820
MIAMI BCH, FL 33140



01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2249878

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

UNGER, STEPHEN WISE, M.D.
4302 ALTON RD 820
MIAMI BEACH, FL 33140

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IN THIS SPACE**

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 must be printed and signed by the registered agent.

NOTE: Registered agent signature required when re-statuting.

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	UNGER, STEPHEN W.
STREET ADDRESS	4302 ALTON RD 820
CITY ST ZIP	MIAMI BEACH, FL
TITLE	PST
NAME	UNGER, STEPHEN W.
STREET ADDRESS	4302 ALTON RD 820
CITY ST ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000244491
02/26/05-80022-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/22/05 305-532-4835