

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # G68105**1. Entity Name
HENRY U. PARL, M.D., INC.**Principal Place of Business**817 S UNIVERSITY DR
SUITE 106
PLANTATION
33324

FL

Mailing Address4651 SHERIDAN ST., STE. 400
HOLLYWOOD
33021

FL

2. Principal Place of Business**3. Mailing Address**

1613 NORTH HARRISON PARKWAY, SUITE 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State**City & State**

SUNRISE

FL

4. FEI Number**59-2339579****Applied For**☐ Not Applicable**Zip****Country****Zip****Country**

33323

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**MARTUS JAY A
4651 SHERIDAN ST., STE. 400HOLLYWOOD
33021

FL

US

7. Name and Address of New Registered Agent**Name**

MARTUS JAY A

Street Address (P.O. Box Number is Not Acceptable)
1613 NORTH HARRISON PARKWAY, SUITE 200**City**

SUNRISE

FL

Zip Code
33323

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)

02/23/2001

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. 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 VPS ☐ Delete
NAME MARTUS JAY A
STREET ADDRESS 4651 SHERIDAN ST., STE. 400
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE VPS ☒ Change ☐ Addition
NAME MARTUS JAY A
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200
CITY-ST-ZIP SUNRISE FL 33323TITLE CFOD ☐ Delete
NAME COWARD ROBERT
STREET ADDRESS 4651 SHERIDAN ST., STE. 400
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE CFOD ☒ Change ☐ Addition
NAME COWARD ROBERT
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200
CITY-ST-ZIP SUNRISE FL 33323TITLE EVPD ☐ Delete
NAME GOLD LEWIS
STREET ADDRESS 4651 SHERIDAN ST., STE. 400
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE EVPD ☒ Change ☐ Addition
NAME GOLD LEWIS
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200
CITY-ST-ZIP SUNRISE FL 33323TITLE PD ☐ Delete
NAME EISENBERG MITCHELL
STREET ADDRESS 4651 SHERIDAN ST., STE. 400
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE PD ☒ Change ☐ Addition
NAME EISENBERG MITCHELL
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200
CITY-ST-ZIP SUNRISE FL 33323TITLE VP ☐ Delete
NAME PARL HENRY UMD
STREET ADDRESS 817 S UNIVERSITY DR, SUITE 106
CITY-ST-ZIP PLANTATION FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Jay A. Martus

VP

02/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)