

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90252 007 ***150.00

DOCUMENT # G82065

1. Entity Name
DAVID G. LEHRMAN, M.D., P.A.

Principal Place of Business

**400 ARTHUR GODFREY RD
 510
 MIAMI BEACH FL 33140**

Mailing Address

**400 ARTHUR GODFREY RD
 510
 MIAMI BEACH FL 33140**

2. Principal Place of Business

**4701 Meridian Ave
 Suite, Apt. #, etc.
 Adams Bldg Suite 601
 City & State
 Miami Beach FL
 Zip
 33140
 Country
 US**

3. Mailing Address

**4701 Meridian Ave
 Suite, Apt. #, etc.
 Adams Bldg Suite 601
 City & State
 Miami Beach FL
 Zip
 33140
 Country
 US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2348401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TRAUM, SYDNEY S.
 1428 BRICKELL AVE.
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

**Name
 Sydney Traum
 Street Address (P.O. Box Number is Not Acceptable)
 100 SE 2nd St.
 Suite 2800
 City
 Miami FL Zip Code
 33131**

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 \$150.00
 After May 1, 2002 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

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 LEHRMAN, DAVID G.
 211 E. RIVO ALTO DR.
 MIAMI BEACH FL** ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Lehrman 4-21-02 3056745956

CR2E034 (9/01)