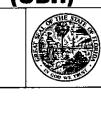
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J77841

1. Entity Name



FILED Mar 20, 2003 8:00 am § Secretary of State

03-20-2003 90141 043 ***150.00

RONALD JOHN HEROMIN, M.D., P.A.							
Principal Place of Business 779 MEDICAL DR., SUITE 7 ENGLEWOOD FL 34223		Mailing Address 779 MEDICAL DR., SUITE 7 ENGLEWOOD FL 34223					
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		····	E0.0007E00		olied For Applicable
Zip	Country	Zip	Coun	ntry		.75 Add Required	
	6. Name and Address of Current	Registered Agent	_		7. Name and Address of New Registered Age	nt	
	والمراكب بنجيل النجال والعابيل يربيت		- · ·	Name			1
ROBERTS, GREGORY C				Street Address (P.O. Box Number is Not Acceptable)			
341 VENICE AVENUE, WEST VENICE FL 34285							
				City	FL	Zip Code)
	named entity submits this statement filtins of registered agent.	or the purpose of changing i	its register	L ed office or register	red agent, or both, in the State of Florida. I am fam	iliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (No	OTE: Registere	ed Agent signature required	d when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o				9. Election Campaign Financing Trust Fund Contribution.	Added	May Be to Fees
10.	, OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DI		IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HEROMIN, RONALD JOHN 779 MEDICAL DRIVE, SUITE 7 ENGLEWOOD FL	~ ☐ Delete] Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITU NAM STRE	1] Change	☐ Addition
CITY-ST-ZIP			CITY	/-ST-ZIP			٠.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete] Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRI	E] Change	Addition

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 direct like empowered.

SIGNATURE:

Date

Daytime Phone #

CR2E034 (10/02)