

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90032 032 \*\*\*150.00

DOCUMENT # J80919

1. Entity Name  
**MARIO O. LAPLUME, M.D., P.A.**

|  |   |
|--|---|
| Principal Place of Business<br>1300 CORAL WAY<br>SUITE 202<br>MIAMI FL 33145 | Mailing Address<br>PO BOX 402003<br>MIAMI BEACH FL 33140-0003 |
|--|---|



DO NOT WRITE IN THIS SPACE

|   |                    |
|---|--------------------|
| 2. Principal Place of Business<br><b>411 S.W. 27th AVENUE</b> | 3. Mailing Address |
|---|--------------------|

|   |                     |
|---|---------------------|
| Suite, Apt. #, etc.<br><b>SUITE 200</b> | Suite, Apt. #, etc. |
|---|---------------------|

|                              |              |
|------------------------------|--------------|
| City & State<br><b>MIAMI</b> | City & State |
|------------------------------|--------------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2827113</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|                         |                       |     |         |
|-------------------------|-----------------------|-----|---------|
| Zip<br><b>FLA 33135</b> | Country<br><b>USA</b> | Zip | Country |
|-------------------------|-----------------------|-----|---------|

|   |
|---|
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|---|

6. Name and Address of Current Registered Agent  
**MICHAELS, MARVIN D.**  
**1010 SW 86 COURT**  
**MIAMI FL 33144**

7. Name and Address of New Registered Agent  
 Name **GARY B. ROVIN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**PENTHOUSE 2**  
**9350 SOUTH DIXIE HIGHWAY**  
 City **MIAMI** FL Zip Code **33156**

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 *Gary B. Rovin Esq.* **GARY B. ROVIN** DATE **2/16/00**  
(NOTE: Registered Agent signature required when reinstating)

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, 2000 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>LAPLUME, MARIO O. M.D.</b><br><b>1300 CORAL WAY, STE 202</b><br><b>MIAMI FL 33145</b> |
|  | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
|  | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
|  | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
|  | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
|  | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: *Mario O. Laplume* DATE: **2/16/2000** DAYTIME PHONE: **(305) 460-2257**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR