


FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90122 028 ***159.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J80919			
1. Entity Name MARIO O. LAPLUME, M.D., P.A.			
Principal Place of Business 4115 W. 27 AVENUE SUITE 200 MIAMI, FL 33135		Mailing Address PO BOX 402003 MIAMI BEACH, FL 33140	
2. Principal Place of Business		3. Mailing Address P.O. BOX 402003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI BEACH, FL	
Zip	Country	Zip 33140	Country
5. Certificate of Status Desired		4. FEI Number 59-2827113	
<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROVIN, GARY B 3360 SOUTH DIXIE HIGHWAY MIAMI, FL 33156		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and UBR if applicable. (NOTE: Registered Agent Signature required when re-registering)</small>			
FILE NOW WITH FEES IS \$150.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P LAPLUME, MARIO O. M.D. 1300 CORAL WAY, STE 202 MIAMI, FL 33146	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 other like information.			
SIGNATURE: <i>Mario O. Laplume</i>		3/25/03 (305) 460-2259	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

1-0-2003
 MIAMI BEACH, FLA 33140
 10063373



CR2E034 (10/02)