

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90370 028 ***150.00

DOCUMENT # J81816

1. Entity Name
SPIELMAN & SPIELMAN, M.D., P.A.



Principal Place of Business
**975 41 STREET
104
MIAMI BEACH FL 33140**

Mailing Address
**975 41 STREET
104
MIAMI BEACH FL 33140**

90014561



2. Principal Place of Business
439 DAROCO AVE
Suite, Apt. #, etc.

3. Mailing Address
439 DAROCO AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Coral Gables FL
Zip
33146 Country
USA

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Coral Gables FL
Zip
33146 Country
USA

4. FEI Number **59-2817711**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIELMAN, RONALD L.
975 41ST STREET #104
MIAMI BEACH FL 33146**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
439 DAROCO AVE
City **Coral Gables** **FL** Zip Code **33146**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SPIELMAN, RONALD L.**
STREET ADDRESS **975 41ST STREET #104**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☒ Delete
NAME **SPIELMAN, STANLEY L.**
STREET ADDRESS **7950 SW 125 STREET**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **439 DAROCO AVE**
CITY-ST-ZIP **Coral Gables FL 33146**

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

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

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)