

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
 02-28-2001 90127 050 \*\*\*150.00

**DOCUMENT # K17295**

1. Entity Name  
**SOUTH MIAMI MEDICAL OFFICE BUILDING MANAGEMENT C**

Principal Place of Business <b>8940 N KENDALL DR                  #300E - EAST TOWER                  MIAMI FL 33176                  US</b>	Mailing Address <b>8940 N KENDALL DR                  #300E - EAST TOWER                  MIAMI FL 33176                  US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0049640</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KALMAN, LEONARD A M.D.  
 8940 N. KENDALL DRIVE, #300E  
 MIAMI FL 33176**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (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, 2001 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LIEBLING, MARTIN E., M.D.			NAME			
STREET ADDRESS	8940 N KENDALL DR, #300-E			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FEINBERG, ALAN D., M.D.			NAME			
STREET ADDRESS	8940 N KENDALL DR, #300-E			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CITRON, PETER L., M.D.			NAME			
STREET ADDRESS	8940 N KENDALL DR, #300-E			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KALMAN, LEONARD A., M.D.			NAME			
STREET ADDRESS	8940 N KENDALL DR, #300-E			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Leonard A. Kalman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01  
 Date

Daytime Phone #

CR2E034 (10/00)