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## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # K25773 1. Entity Name SHERILYN M. ADLER, PH.D., P.A. Principal Place of Business Mailing Address

## FILED Aug 08, 2001 8:00 am Secretary of State 07-06-2001 90207 034 \*\*\*150.00 08-08-2001 90006 025 \*\*\*400.00



7241 SW 63T1 202 S Miami FL 3 US			7241 SW 63RD AVE 202 MIAMI FL 33143 US			Prev	<i>i 00</i>	5/L		
2. Principal Place of Business		3. Mailing Address				18 III.II BIBIN 8181	( 0.00) 6.00) 3	(B))		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	e		City & State			4. FE! Number 65-0059492			oplied For ot Applicable	]
Zip		Country	Zip	Country	/	5. Certificate of Status Desired		8.75 Add	ditional	
	6. Name a	and Address of Current I	Registered Agent			7. Name and Address of New R	egistered Aç	gent		]
				· · · · · ]	Name					
DE CUBAS, RAUL E.			Street Address			s (P.O. Box Number is Not Acceptable	)			1
7241 SW	63RD AVE			ļ_		·				-
202•										}
MIAMI FL	33143				City		FL	Zip Cod	е	]
8. The above	named entity	submits this statement for	the purpose of changing its	registered	office or regis	tered agent, or both, in the State of Flo	rida.	L		1
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SIGNATURE .										
	Signature, lyped o	r ptinted name of registered agent a				irea when reinstaing)	DATE			1
		le to satisfy its Intangible	FILE NOW				ancina	\$5.0	00 May Be	
	requirement ar ria on back)	nd elects to do so.	After September 12 Make Check Payal			Trust Fund Contribution		Added	to Fees	1
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11.			Profession 1 1 35 35 11 11 17 1	28 - P - OA	Company of the control of the contro	<b>現在後、前日</b>	ICERS AND I	DIRECTOR	S IN 11	-
11.	p	OFFICERS AND	DIRECTORS	12.	is the submission of part	ADDITIONS/CHANGES TO OFF		DIRECTOR		<u>9</u>
	ADLER, SH	OFFICERS AND I	Profession 1 1 35 35 11 11 17 1	28 - P - OA	and a second	<b>現在後、前日</b>			S IN 11	(5/01)
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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.

July 20, 2001