

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K55342

1. Entity Name

P. BERMAN R.N., M.S., P.A.

Principal Place of Business

6262 BIRD RD.  
21  
MIAMI FL 33155  
US

Mailing Address

1440 CERTOSA AVE.  
CORAL GABLES FL 33146-1920  
US

2. Principal Place of Business

7600 Red Rd  
Suite, Apt. #, etc. 222

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Gables FL  
Zip 33146 Country USA

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BERMAN, PATRICIA  
1440 CERTOSA AVENUE  
MIAMI FL 33146

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(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

TITLE PD  
NAME Berman, Patricia  
STREET ADDRESS 1440 CERTOSA AVE  
CITY-ST-ZIP CORAL GABLES FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
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:

*Patricia Berman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90020 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

018521

CR2E034 (10/00)

1/13/01 305 665 3938