	FORM BUSI	NESS REPO	RT (U	BR)		FIL	ED		
DOCUMENT # K78312						Feb 02, 2001 8:00 am			
1. Entity Name ALAN S. ROUTMAN, M.D., P.A.					Secretary of State				
ALAN 5. KOUTIVIA	IN, IVI-U-, P-A-					02-02-2001 9029			
Principal Place of Business		Mailing Address							:
1875 N. FEDERAL HIGHWAY SUITE #800		4875 N. FEDERAL HIGHWAY SUITE #800							•
FORT LAUDERDALE FL 33308 JS		FORT LAUDERDALE FL 33308 US				00015	774		
						-	<u> </u>		
2. Principal Place of Business \$601 N. DIKIE HWY		3. Mailing Address 5601 N. DIXIE HWY					F/F/I 61311 3131/ 1111		
Suite, Apt. #, etc.		Fuite Ant # etc				DO NOT WRITE IN TH	IS SPACE		
210		210			0F 0440070				
FORT LAUDE	ROALE FL	FORT LAUDERDALE, FL			4. FEI Number 65-0116670 Applied For Not Applicable				┨ ,
^{Zip} 33334	Country BROWARD	^{Zip} 33334	BRON	VARD	5. (Certificate of Status Desired	\$8.75 Add Fee Require]
6. Name	and Address of Current Re				7. N	lame and Address of New Register			
ROUTMAN, ALA	N S. M		Nai	me ALA	W	S. ROUTM	911		
1717 SW-9DH'ST				Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE FL 33316				1717 SE 9th St.					1 .
			City	y Farmet	- /		L 399	316	1
9. The shows named entity	v submits this statement for t	the purpose of changing its	registered offi	ice or register		AUDERDALE Pent, or both, in the State of Florida.	L 3 /.	716	
b. The above hamed ening	·	the purpose of changing its	registered om	oc or register	ou ug	citt, or boar, in the state of Florida.			
SIGNATURE	or printed name of registered agent and	d title if applicable (NOT	E: Registered Agent	signature required	when re	instating) DA1			
*		···			ATTE: TO	J			1
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
(See criteria on back)		Make Check Payable to Department of Sta I 12.							1
TITLE D	OFFICERS AND DIRECTORS Delete			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change □ Add					ବ୍ଲ
NAME ROUTMAN	ROUTMAN, ALAN S.			ADUTMAN, ALANS Change STREET ADDRESS 5601 N. DIXIE HWY SUITE #210			-	CR2E034 (10/00)	
	CODT I ALIDEDDALE EL			RESS 560	(/ - /	LUNCOLLE FLOY	22374	•	934
TITLE	OLIDAGE I E	☐ Delete	CITY-ST-ZIP	FOR	-1 (AUDERDALE FL	☐ Change	☐ Addition	H
NAME		Delete	NAME					<u></u>	0
STREET ADDRESS			STREET ADDA						}
CITY-ST-ZIP_	Delete			r mu .	☐ Change ☐ Addit			Addition	}
TITLE		LLI Delete	TITLE NAME				Criange	Addition	-2
STREET ADDRESS			STREET ADDR						
CITY-ST-ZIP			CITY-ST-ZIP	,			☐ Change	☐ Addition	}
TITLE NAME		☐ Delete	TITLE NAME				□ снапув		
STREET ADDRESS			STREET ADDR						
CITY-ST-ZIP			CITY-ST-ZIP	·				- Addition	-
TITLE		☐ Delete	TITLE				Change	Addition	I

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 of the true tee employered 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SUITE #800

ALAN S ROUTMAN D

☐ Addition