J.... Jrim BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # M09380

1. Entity Name

Principal Place of Business

EDWARD LAZZARIN, M.D., P.A.

13. I hereby certify that the information suindicated on this report or supplement of the corporation or the regeiver or fruchanged, or on an attachment with an

SIGNATURE

427 BILTMORE WAY - SUITE 102 CORAL GABLES FL 33134		427 BILTMORE WAY - SUITE 102 CORAL GABLES FL 33134-5735								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. F	4. FEI Number 59-2477629		Applied For Not Applicable		
Zip	Country Zip C		Country	untry					\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. N	lame and Address of New Re	gistered A	gent		
					Name					
	ARIN, EDWARD BILTMORE WAY		Street Address			s (P.O. Box Number is Not Acceptable)				
	E 102		<u> </u>				_ _			
	AL GABLES FL 33134		-	City	<u> </u>		FL	Zip Coc	le	
A TI	named entity submits this statement fo	- the granese of changing its	n ragistored	office or registe	orod ag	ont or both in the State of Flori		l		
8. The above	named entity submits this statement to	r the purpose of changing its	s registered	Office of Tegrati	ereu agi	ent, or both, in the state of Flori			ļ	
SIGNATURE .										
	Signature, typed or printed name of registered agent	and title if applicable (NOT	TE: Registered A	gent signature require	ed when re	enstating)	DATE			
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.0 Make Check Payable to Department of		ill be \$550.00		10. Election Campaign Fina Trust Fund Contribution.			00 May Be of to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAZZARIN, EDWARD, M.D. 427 BILTMORE WAY CORAL GABLES FL	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1- ZIP				Change	☐ Addition	
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS			STREET	ADDRESS		•			ł	
CITY-ST-ZIP			CITY-S	T- ZIP				Change	Addition	
TITLE -Name		☐ Delete	TITLE NAME					Onlings		
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS r-zip	- 1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	h	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	Addition	

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the port 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 is see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered.

Date

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 19, 2000 8:00 am Secretary of State 05-19-2000 90083 024 ***150.00

Daytime Phone #