

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90002 013 ***150.00

DOCUMENT # M15536

1. Entity Name
S. M. HABAL, M.D., P.A.

Principal Place of Business

**4800 NE 20 TERRACE #107
 FT. LAUDERDALE FL 33308**

Mailing Address

**4800 NE 20 TERRACE #107
 FT. LAUDERDALE FL 33308-4510**

2. Principal Place of Business

1940 NE 47th Street #1

Suite, Apt. #, etc.
#1

City & State
FT. LAUD FL 33308

Zip Country
33308 USA

3. Mailing Address

1940 NE 47th Street #1

Suite, Apt. #, etc.
#1

City & State
FT. LAUD FL

Zip Country
33308 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2528942**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HABAL, SALEM M., M.D.
 1940 NE 47TH ST #1
 FT LAUDERDALE FL 33308**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D <input type="checkbox"/> Delete
NAME	HABAL, SALEM M.
STREET ADDRESS	1940 NE 47TH ST #1
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> Delete
NAME	DAVID, IRVING
STREET ADDRESS	1940 NE 47TH ST #1
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000
Date Daytime Phone #

CR2E034 (9/99)