


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

10089996

DOCUMENT # M21182			
1. Entity Name RONALD D. SMITH, M.D. & EDUARDO WEISS, M.D., P.A.			
Principal Place of Business 1150 NORTH 35TH AVENUE SUITE #560 HOLLYWOOD, FL 33021 US		Mailing Address 1150 NORTH 35TH AVENUE SUITE #560 HOLLYWOOD, FL 33021 US	
2. Principal Place of Business 3850 Hollywood Blvd Suite, Apt. #, etc. 301		3. Mailing Address 3850 Hollywood Blvd Suite, Apt. #, etc. 301	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33021		Zip 33021	
Country		Country	
4. FEI Number 59-2582062		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent SMITH, RONALD D M 3850 HOLLYWOOD BLVD 301 HOLLYWOOD, FL 33021		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SMITH, RONALD D. 3850 HOLLYWOOD BLVD STE 301 HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Eduardo Weiss, M.D. 3850 Hollywood Blvd, 301 Hollywood, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date: 04/23/03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

GERSON, PRESTON, ROBINSON & CO., P.A.
CERTIFIED PUBLIC ACCOUNTANTS
 666 - 71st STREET
 MIAMI BEACH, FLORIDA 33141
 59 - 1262947

C12E034 (10/02)