

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90190 026 ***150.00

0210023 AV

DOCUMENT # M24115

1. Entity Name

PETER MCGRATH, M.D., P.A.

Principal Place of Business

**7800 SW 57TH AVE #203
SUITE 202
SOUTH MIAMI FL 33143
US**

Mailing Address

**40 E. SUNRISE AVE.
CORAL GABLES FL 33133-7010
US**

80068287



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7800 SW 57 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 203

City & State

SOUTH MIAMI FL

City & State

4. FEI Number

59-2645407

Applied For

Not Applicable

Zip

33143

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGRATH, PETER.
40 E. SUNRISE AVE.
CORAL GABLES FL 33133**

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. Is this corporation 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MCGRATH, PETER 40 E SUNRISE AVE. CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGRATH, SANDRA BAUMAN 40 E SUNRISE AVE. CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

PETER MCGRATH M.D. PRESIDENT

4/2/02 305 6615449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)