

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90181 022 ***150.00

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DOCUMENT # M24115

1. Entity Name

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



Principal Place of Business

7800 SW 57TH AVE

SUITE 203

SOUTH MIAMI FL 33143

US

Mailing Address

40 E. SUNRISE AVE.

CORAL GABLES FL 33133-7010

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2645407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCGRATH, PETER.

40 E. SUNRISE AVE.

CORAL GABLES FL 33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: PETER MCGRATH MD PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: MARCH 25, 03
DAYTIME PHONE: 305 661 5449

CR2E034 (10/02)