2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M35861 **DOCUMENT #**

1. Entity Name

STEVEN R. POLIAKOFF, M.D., P.A.



May 05, 2003 8:00 am g Secretary of State
05-05-2003 92132 001 ***476.25 **FILED**

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Principal Place		S		ng Address SUNSET DRIVE							
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Principal Place of Business 3. Mailing Address							_				
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Suite, Apt. #, etc. Suit				Suite, Apt. #, etc.							
Suite, Apr.	.s, Apr. #, 6t6.				CHECK HERE IF MAKING CHANGES						
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Zip Country			Zip Country			ntry			\$8.75 Add		
2.p				2.5			5.	Certificate of Status Desired	Fee Require		
	6. Name	Register	Registered Agent			· 7.·I					
- or treme and tremeses of delitors indication undill						Name					
POLIAKOFF, STEVEN R											
6280 SUNSET DRIVE				Street Address			ss (P.O. B	(P.O. Box Number is Not Acceptable)			
#502											
MIAMI FL 33143				<u> </u>					7:- 0:-		
					City			F	L Zip Cod	ie	
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. 1 am familiar with, and accept the obligations of registered agent.											
CIONATUDE											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		! FEE IS \$150.00						9. Election Campaign Financing	\$5.0	00 May Be	
7		3 Fee will be \$550.00						Trust Fund Contribution.		d to Fees	
Make Check Payable to Florida Department of State											
10. OFFICERS AND DIR				IRECTORS 11.			AD	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
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12 Chereby o	artify that the	information cumplied with	thic filing	discount qualification	the ever	metion stated in	Contina	119 07/3\(i) Florida Statutes I further.	antifu that the i	nformation	

necessary trust the information supplied with this filling coes 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 eath; 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 an other like empowered.

SIGNATURE: 🚵

RESTEVEN REPOLIAKOFF, M.D.

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