

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

0266749 AV

DOCUMENT # M36030

1. Entity Name

FONTAINE S. HILL, M.D., P.A.

02-20-2002 90034 050 ***150.00

Principal Place of Business

**8950 N. KENDALL DR.
 SUITE #608
 MIAMI FL 33176**

Mailing Address

**GELBER & COMPANY
 285 NW 199TH ST. #204
 MIAMI FL 33169**



2. Principal Place of Business

275 Galeon Court

3. Mailing Address

GELBER & COMPANY

Suite, Apt. #, etc.

Suite, Apt. #, etc. **11450 Interchange Circle North
 Miramar, Florida 33025**

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL

City & State

4. FEI Number

59-2697147

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

**HILL, FONTAINE S., M.D.
 8950 N. KENDALL DR.
 SUITE #608
 MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

275 Galeon Ct

City

Coral Gables

FL

Zip Code

33143

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. 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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HILL, FONTAINE S. MD	
STREET ADDRESS	8950 N KENDALL DR #608	
CITY-ST-ZIP	MIAMI 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		
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	275 Galeon Ct	
STREET ADDRESS	Coral Gables, FL 33143	
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		
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:

Fontaine S. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02 305596-2181

Date

Daytime Phone #

CR2E034 (9/01)