

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

0288346 AV

DOCUMENT # P00000007710

1. Entity Name

CHRIS WILLIAM AKINS, MD, PA



04-07-2003 90149 004 ***150.00

Principal Place of Business

14902 SW 74TH PL
MIAMI FL 33158

Mailing Address

285 NW 199 ST
SUITE 204
MIAMI FL 33169

2. Principal Place of Business

947 CAPTIVA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

GELBER & COMPANY
11450 Interchange Circle North
Miramar, Florida 33025

☐ CHECK HERE IF MAKING CHANGES

City & State

HOLLYWOOD, FL

City & State

Miramar, Florida 33025

4. FEI Number

65-0971216

Applied For

Not Applicable

Zip

33019

Country

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

AKINS, CHRIS

14902 SW 74TH PL

MIAMI FL 33158

Name

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

947 CAPTIVA DRIVE

City

HOLLYWOOD

FL

Zip Code

33019

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

✓ 4-1-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
AKINS, CHRIS W
14902 SW 74 PL
MIAMI FL 33158 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
947 CAPTIVA DRIVE
HOLLYWOOD, FL 33019 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4-1-03 954-455-5299

CR2E034 (10/02)