

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90385 012 \*\*\*150.00

**DOCUMENT # P00000066053**



1. Entity Name  
**HAE SOO LIM, M.D., P.A.**

Principal Place of Business  
**1050 N.W. 15TH STREET  
SUITE 215-A  
BOCA RATON FL 33486**

Mailing Address  
**1050 N.W. 15TH STREET  
SUITE 215-A  
BOCA RATON FL 33486**

2. Principal Place of Business

**800 Century Medical Dr  
Suite B**

3. Mailing Address

**800 Century Medical Dr  
Suite B**

City & State  
**Titusville, FL**

City & State  
**Titusville, FL**

Zip  
**32796**

Country  
**Brevard**

Zip  
**32796**

Country  
**Brevard**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1026764**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**REED, S. HOWARD  
2424 N. FEDERAL HWY #200  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **Hae Soo Lim**  
Street Address (P.O. Box Number is Not Acceptable)  
**2005 London Town Lane**  
City **Titusville** **FL** Zip Code **32796**

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: **Hae Soo Lim** **Hae Soo Lim** **4/11/03**  
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

TITLE **D** ☐ Delete  
NAME **LIM, HAE S**  
STREET ADDRESS **16192 MERIDA LANE**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Lim, Hae Soo**  
STREET ADDRESS **2005 London Town Lane**  
CITY-ST-ZIP **Titusville, FL 32796**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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: **Hae Soo Lim** **Hae Soo Lim** **4/11/03** **(321) 269-6056**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)