

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90211 013 ***150.00

11/10/02
 AV

DOCUMENT # P00000077121

1. Entity Name
ALFREDO D. VOLOSCHIN MD, P.A.

Principal Place of Business
**1150 NORTH 35TH AVENUE, SUITE 455
 HOLLYWOOD FL 33021**

Mailing Address
**1150 NORTH 35TH AVENUE, SUITE 455
 HOLLYWOOD FL 33021**



2. Principal Place of Business
21110 Biscayne Blvd
 Suite, Apt. #, etc.
200

3. Mailing Address
PO Box 801052
 Suite, Apt. #, etc.

City & State
Aventura, FL

City & State
Aventura, FL

Zip
33180 Country
USA

Zip
33280-1052 Country
USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**VOLOSCHIN, ALFREDO D MD
 1150 NORTH 35TH AVENUE, SUITE 455
 HOLLYWOOD FL 33021**

4. FEI Number **65-1032349** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name **Alfredo D. Voloschin MD**
 Street Address (P.O. Box Number is Not Acceptable)
21110 Biscayne Blvd. #200
 City **Aventura** FL Zip Code **33180**

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 DATE **4/27/02**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D VOLOSCHIN, ALFREDO D MD 3816 HOLLYWOOD BLVD. SUITE 102 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Alfredo D. Voloschin MD 21110 Biscayne Blvd #200 Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **4/27/02** 305-931-2622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)