

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112913

1. Entity Name  
**MIRACLES MATERNITY MANAGEMENT OF FLORIDA, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 19 AM 8:00

Principal Place of Business  
125 N MOON AVENUE, #B  
BRANDON, FL 33511

Mailing Address  
P O BOX 1113  
BRANDON, FL 33509

2. Principal Place of Business

2021 East Bush Blvd  
Suite, Apt. #, etc.  
SUITE A

3. Mailing Address

PO BOX 8809  
Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State  
TAMPA, FL

800023362558

09/26/03--01025--029 \*\*158.75



☒ CHECK HERE IF MAKING CHANGES

MRD

4. FEI Number  
59-3693208

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, C EDWARD  
125 N MOON AVENUE, SUITE B  
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name STEVEN I ARKIN  
Street Address (P.O. Box Number is Not Acceptable) 911 EAST NORTON ST  
City TAMPA FL Zip Code 33604

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 STEVEN I. ARKIN, MD DIRECTOR 9/18/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when registering)

DATE

FILED COPY OF THIS REPORT  
After May 1, 2003, Fee will be \$550.00  
Amended UBR is \$100.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	D ARKIN, STEVEN I 1201 OAKFIELD DRIVE, SUITE 108 BRANDON, FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUDELE, MICHAEL J 1201 OAKFIELD DRIVE, SUITE 108 BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, C. EDWARD 1201 OAKFIELD DRIVE, SUITE 108 BRANDON, FL 33511 <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARKIN, STEVEN I PO BOX 8809 TAMPA, FL 33674-8809 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: STEVEN I. ARKIN, MD 9/18/2003 813-376-3790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)



Steven I. Arkin, MD LFACOG ABQAURP  
PO BOX 8809  
Tampa, FL 33674

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*Certified by the Board Of Obstetrics and Gynecology // Certified by the Board of Quality Assurance and Utilization Review*

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September 19, 2003

To: Florida Division of Corporations  
Attn: Ruby  
409 East Gaines St.  
Tallahassee, Florida 32399

Re: Filing of For Profit Corporation: Uniform Business Report (UBR)  
Re: Waiver of Fee  
Re: Reason for Waiver  
Re: FEI #: 593693208  
Re: Miracles Maternity Management of Florida, Inc.  
Re: Document Number # P00000112913  
Re: Request for Certificate of Status

Dear Ruby,

Thank you for your assistance with the filing of the annual UBR which was "never received" due to an expired PO box and change of address.

It is my understanding the \$400.00 penalty will be waived as this is a signed statement of never having received the application.

Included is a filled out application and the \$150.00 filing fee and \$8.75 for the certificate of status totaling: \$158.75.

Please send the certificate to : Miracles Maternity Management of Florida  
PO Box 8809 Tampa, FL 33674.

Please feel free to call me on my personal cell phone at: 813-376-3790 if you have any questions regarding this. I appreciate greatly your personal attention to this matter.

  
Steven I. Arkin, MD LFACOG ABQAURP  
President and CEO Miracles Maternity Management of Florida, Inc.