David L C Van Gorp CPA (561) 272-1138 04/27/0

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90246 003 ***150.00

DOCUMENT # P01000001699

1. Entity Name
SHIRLEY CODADA M.D., P.A.

Principal Place of Business: 5661 CORAL GATE BLVD. MARGATE FL 33063
Mailing Address: SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5661 Coral Gate BLVD / NW 29th ST	
City & State: MARGATE FL 33063	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-1064404 ☐ Applied For ☐ Not Applicable

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
SHIRLEY CODADA, M.D. 5661 CORAL GATE BLVD./NW 29th st MARGATE, FL 33063	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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 X Shirley V. Codada SHIRLEY CODADA, MD PRESIDENT 4/27/01
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 BY MAY 1, 2001 ... After MAY 1, 2001 Fee will be $[illegible] ... Check Payable to Department of St[illegible]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR + PRESIDENT / SHIRLEY CODADA M.D. / 8007 NW 64th [illegible] / PARKLAND, FL 33067 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: X Shirley V. Codada 4/27/01 1-954-973-1628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / DAYTIME PHONE #