

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-23-2002 90116 010 ***150.00

DOCUMENT # P01000012911

1. Entity Name
SUSAN PATRICK RODELL, M.D., P.A.

Principal Place of Business Mailing Address
899 MEADOWS ROAD, SUITE 203 **899 MEADOWS ROAD, SUITE 203**
BOCA RATON FL 33486 **BOCA RATON FL 33486**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 801 Meadows Road Suite, Apt. #, etc. Suite 114 City & State Boca Raton FL Zip 33486 Country USA		3. Mailing Address 801 Meadows Road Suite, Apt. #, etc. Suite 114 City & State Boca Raton FL Zip 33486 Country USA		4. FEI Number 125-1073459	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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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 _____
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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME RODELL, SUSAN P	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 899 MEADOWS ROAD, SUITE 203	CITY-ST-ZIP BOCA RATON FL 33486	TITLE PD	NAME Rodell, Susan P
TITLE S	NAME FORTE, MARTI L	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 899 MEADOWS ROAD, SUITE 203	CITY-ST-ZIP BOCA RATON FL 33486	STREET ADDRESS 801 Meadows Rd, Suite 114	CITY-ST-ZIP Boca Raton, FL 33486
TITLE T	NAME BROWN, BETSY M	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 899 MEADOWS ROAD, SUITE 203	CITY-ST-ZIP BOCA RATON FL 33486	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: *Susan P. Rodell* 4/29/02 (561) 750-3520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)