FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT

05-08-2002 90122 046 ***150.00

P01000035368

FILED

02 OCT 30 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035368

1. Entity Name

ROBERT D. SIMON, M.D., P.A.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
701 Northlake Blvd.
Suite, Apt. #, etc.
Suite 208
City & State
North Palm Beach, FL
Zip 33408 County USA

3. Mailing Address
701 Northlake Blvd.
Suite, Apt. #, etc.
Suite 208
City & State
North Palm Beach, FL
Zip 33408 County USA

4. FEI Number
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Name: Gerson, Gary N.
Street Address (P.O. Box Number is NOT Acceptable)
1645 Palm Beach Lakes Blvd.
City: West Palm Beach FL Zip Code: 33401

7. 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

8. This corporation is eligible to satisfy its indemnification filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Amended UDR is $61.25
Make Check Payable to Department of State

10. Citation Corporation Financing Trust Suits ☐ $5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE P/S/T/D NAME STREET ADDRESS CITY-ST-ZIP	Robert D. Simon, M.D. 701 Northlake Blvd., Suite 208 North Palm Beach, FL 33408
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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 electronic 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 on an attachment with an address, with all other like empowered.

SIGNATURE Robert D. Simon, M.D., President April, 2002 561-845-7079
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

R:\3948\12774\D2002UBRDrSimonPA.OUT/ZP

TOTAL P.03