

2002 UNIFORM BUSINESS REPORT (UBR)

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

08-19-2002 90145 024 ***150.00

DOCUMENT # P01000052690

1. Entity Name

DAAB, INC.

Principal Place of Business

MIAMI HEART INSTITUTE
 ADAMS BUILDING STE 500
 4701 N MERIDIAN AVE
 MIAMI BCH FL 33140

~~C/O DOUGLAS SLAVIN, M.D.~~

MIAMI HEART INSTITUTE
 ADAMS BUILDING STE 500
 4701 N MERIDIAN AVE
 MIAMI BCH FL 33140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 see above

3. Mailing Address
 see above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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

EGOZI, BERNARD L
 1200 ALFRED T. DUPONT BLD
 169 E FLAGLER ST
 MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SLAVIN, DOUGLAS**
 CITY-ST-ZIP **ADAMS BUILDING STE 500 470 N MERIDIAN AVE**
MIAMI BCH FL 33140

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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)(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:

Douglas Slavin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/02

305-531-6332

Date Daytime Phone #

CR2E034 (4/02)

Attachment 975377

Douglas Slavin, M.D.
Cardiology - Internal Medicine

PO 1 000 052698

Miami Heart Institute
Adams Building, Suite 500
4701 N. Meridian Avenue
Miami Beach, FL 33140

Telephone 305-531-6332
Facsimile 305-531-1123

August 10, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

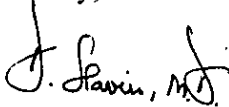
I recently received the enclosed uniform business report filing much delayed because it had been sent to our corporation DAAB, INC. for which there is no mail box at the Miami Heart Institute instead of mailing to DAAB, INC. in c/o of Douglas Slavin, M.D., Miami Heart Institute, Adams Building, Suite 500, 4701 N. Meridian Avenue, Miami Beach, FL 33140.

No uniform business report was received prior to the usual filing date, May 1st.

I am enclosing payment in the amount of \$150.00 in lieu of the above.

Please advise if this is unsatisfactory.

Sincerely,



Douglas Slavin, M.D.

DS/bs