2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
02-17-2002 90050 032 ***150.00

DOCUMENT # P01000064317

1. Entity Name
H. MARCELO VASSOLO, M.D., P.A.

Principal Place of Business	Mailing Address
~~1320 S DIXIE HWY STE 811~~	~~1320 S DIXIE HWY STE 811~~
~~CORAL GABLES FL 33146~~	~~CORAL GABLES FL 33146~~
9125 Abbott Ave Surfside, Fl. 33154	Same as Principal Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9125 ABBOTT AVE	9125 ABBOTT AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SURFSIDE Florida	City & State: SURFSIDE FL
Zip: 33154 Country: USA	Zip: 33154 Country: USA

4. FEI Number: 65-1135270 ☐ 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
~~MAYER, ROBERT M~~ ~~1320 S DIXIE HWY STE 811~~ ~~CORAL GABLES FL 33146~~ — H. Marcelo Vassolo 9125 Abbott Ave. Surfside, Fl 33154	Name: H MARCELO VASSOLO Street Address (P.O. Box Number is Not Acceptable): 9125 ABBOTT Avenue City: SURFSIDE FL Zip Code: 33154

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 [signature] PRESIDENT 1/24/02
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 $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. ☐ **$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	D VASSOLO, H MARCELO 9125 ABBOTT AVE SURFSIDE FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 [signature] REQUIRED PRESIDENT 1/24/02 (305) 932 1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #