

5/19

**FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90242 010 \*\*\*158.75

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000085361**

1. Entity Name  
**JOAN MUIR-MALCOLM, PH.D., P.A.**

Principal Place of Business  
**16797 N.W. 20TH STREET  
PEMBROKE PINES FL 33028**

Mailing Address  
**16797 N.W. 20TH STREET  
PEMBROKE PINES FL 33028**

**96441**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1800 RED ROAD**

3. Mailing Address  
**2143 SW 173 AVE**

City & State  
**SOUTH MIAMI, FL**

City & State  
**MIRAMAR, FL**

4. FEI Number  
**47-0873 415**

Applied For  
 Not Applicable

Zip  
**33143**

Country  
**US**

Zip  
**33029**

Country  
**US**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MUIR-MALCOLM, JOAN PH.D.  
16797 N.W. 20TH STREET  
PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent  
Name **SAME**  
Street Address (P.O. Box Number is Not Acceptable)  
**2143 SW 173 AVE**  
City **MIRAMAR** FL Zip Code **33029**

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 Joan Muir-Malcolm DATE 4/29/02  
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)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MUIR-MALCOLM, JOAN PH.D. 16797 N.W. 20TH STREET PEMBROKE PINES FL 33028</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2143 SW 173 AVE MIRAMAR, FL 33029</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DORIS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VICE PRESIDENT DORIS PERDOMO-JOHNSON 1425 NW 10th AVE, Ste 309 MIAMI, FL 33136</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joan Muir-Malcolm  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/29/02 Daytime Phone # (305) 243-6363

CR2E034 (9/01)