

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90164 003 ***158.75

DOCUMENT # P01000085361



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

Principal Place of Business
7800 RED ROAD
SUITE 330A
SOUTH MIAMI FL 33143
US

Mailing Address
2143 SW 173 AVENUE
MIRAMAR FL 33029
US



2. Principal Place of Business
8551 W. SUNRISE BLVD

3. Mailing Address
760 Stanton DRIVE

Suite, Apt. #, etc.
Suite 303

Suite, Apt. #, etc.
Hgn

City & State
Plantation

City & State
WESTON

4. FEI Number 47-0873415

Applied For
Not Applicable

Zip Country
FL 33322 USA

Zip Country
FL 33326 USA

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MUIR-MALCOLM, JOAN PH.D.~~
2143 SW 173 AVE
MIRAMAR FL 33029

Name ~~MUIR, JOAN PH.D.~~
Street Address (P.O. Box Number is Not Acceptable)
760 STANTON DRIVE
City WESTON FL Zip Code 33326

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 Joan Muir, Ph.D.

DATE 4/25/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MUIR-MALCOLM, JOAN PH.D. 2143 SW 173 AVENUE MIRAMAR FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERDOMO-JOHNSON, DORIS 1425 NW 10TH AVE SUITE 309 MIAMI FL 33136	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan Muir-Malcolm, Ph.D. DATE: 4/25/03 DAYTIME PHONE: (954) 746-1073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/02)