2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002
Secretary of State

DOCUMENT# P01000085447

Entity Name: NEIL H. WEISMAN, M.D., P.A.

Current Principal Place of Business:

44 WEST FLAGLER ST
SUITE 400
MIAMI,, FL 33130

New Principal Place of Business:

1517 PLEASANT HARBOUR WAY
TAMPA, FL 33602

Current Mailing Address:

44 WEST FLAGLER ST
SUITE 400
MIAMI,, FL 33130

New Mailing Address:

1517 PLEASANT HARBOUR WAY
TAMPA, FL 33602

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORKIN, JEFFREY A ESQ.
44 WEST FLAGLER ST
SUITE 400
MIAMI,, FL 33130

Name and Address of New Registered Agent:

WEISMAN, NEIL H MD
1517 PLEASANT HARBOUR WAY
TAMPA, FL 33602

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: NEIL H. WEISMAN 09/11/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WEISMAN, NEIL H
Address: 44 WEST FLAGLER ST., SUITE 400
City-St-Zip: MIAMI,, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: WEISMAN, NEIL H
Address: 1517 PLEASANT HARBOUR WAY
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL H. WEISMAN MD 09/11/2002
Electronic Signature of Signing Officer or Director Date