## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Sep 16, 2002 8:00 am Secretary of State DOCUMENT # P01000086684 1. Entity Name 09-16-2002 90159 034 \*\*\*150.00 JUDITH M. FERGUSON, M.D., P.A. Principal Place of Business Mailing Address 7051 SW 144TH PLACE 7051 SW 144TH PLACE MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address 9000 SW 9000 SW 152 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Suite City & State City & State 4. FEI Number Applied For Mari 10 ari Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALDES, MARLENE ESQ Street Address (P.O. Box Number is Not Acceptable) 2250 SW 3RD AVENUE SUITE 201 MIAMI FL 33129 City 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (4/02)TITLE ☐ Delete TITLE Fergosav, Judith M., MI FERGUSON, JUDITH M MD NAME NAME CR2E034 9000 SW 152 Street, Suite STREET ADDRESS 7051 SW 144TH PLACE STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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

CITY-ST-ZIP

Attachment 678067 # P01000086684

September 12, 2002

Division of Corporations Univorm Business Report Filings 409 East Gaines Street Tallahassee, Florida 32399

Re:

JUDITH M. FERGUSON, M.D., P.A.

Document No. P01000086684 REQUEST FOR WAIVER

Dear Sir or Madam:

Enclosed herewith is the 2002 Uniform Business Report [UBR]. At this time I am requesting a waiver of the penalty assessed against the corporation for failing to file the UBR prior to the May 1<sup>st</sup> due date. This request is being made pursuant to number 8 of the "Frequently Asked Questions" section of the instructions mailed to me along with the enclosed report [copy attached].

Please note that this 60 day notice is the first notice that the coporation ever received regarding the need to file a UBR. The corporation is a new corporation that was filed in September of 2001 and had never had to file a UBR. Additionally, although the corporation was opened in 2001 it did not commence doing any type of business until earlier this year.

I hope that the above adequately explains the reason for the failure to timely file and that the Division of Corporations grants a waiver of the late filing penalties. Included along with this letter and the UBR is a check in the amount of \$ 150.00 satisfying the original filing fee.

Please contact me if you have any further questions regarding this matter.

Sincerely,

JUDITH M. FERGUSON, M.D.,

President and Director

Judith M. Ferguson, M.D., P.A.