

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2

DOCUMENT # P01000114329
1. Entity Name
SHLOMO PASCAL, M.D., P.A.

FILED

02 NOV 12 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2400 UNIVERSITY DRIVE Suite, Apt. #, etc. SUITE 209 City & State PEMBROKE PINES, FL Zip 33024 Country USA	3. Mailing Address 2400 UNIVERSITY DRIVE Suite, Apt. #, etc. SUITE 209 City & State PEMBROKE PINES, FL Zip 33024 Country USA
---	---

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1154043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name SHLOMO PASCAL	
Street Address (P.O. Box Number is Not Acceptable) 18335 NW 12TH STREET	
City PEMBROKE PINES	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 _____
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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PASCAL, SHLOMO 18335 NW 12TH STREET PEMBROKE PINES, FL 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	600008935566 11/12/02--01074--022 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: S. Pascal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 11/5/02 Daytime Phone # 954 4360136

Page 2 of 2

Marc A. Fixler, P.A.
Certified Public Accountant

7860 Peters Road, F-110
Plantation, FL 33324
(954) 474-8500 Fax (954) 474-8856

November 5, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Shlomo Pascal, M.D., P.A.
P01000114329

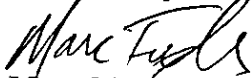
Dear Sir/Madam:

We enclose herewith on behalf of our above-named client the 2002 Annual Business Report together with a check for \$150.00.

Please note that the corporation did not receive the prior reports and was notified that the corporation was dissolved. According to the message at the Department of State, the enclosed report will be accepted if we explain the fact that the prior reports were not received.

Your assistance in this matter is appreciated.

Respectfully submitted,



Marc Fixler
For the Firm