

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90787 031 \*\*\*150.00

0221558 AV

**DOCUMENT # P02000095951**



1. Entity Name  
**ELIAS MILGRAM M.D., P.A.**

Principal Place of Business  
**C/O LESLIE ALAN ROZENCWAIG, P.A.  
ONE S.E. THIRD AVENUE SUITE 960  
MIAMI FL 33131**

Mailing Address  
**C/O LESLIE ALAN ROZENCWAIG, P.A.  
ONE S.E. THIRD AVENUE SUITE 960  
MIAMI FL 33131**



2. Principal Place of Business  
**ELIAS MILGRAM M.D., P.A.**

3. Mailing Address  
**ELIAS MILGRAM M.D.**

Suite, Apt. #, etc.  
**19030 NE 29TH AVE**

Suite, Apt. #, etc.  
**19431 NE 17TH AVE**

City & State  
**AVENTURA FL**

City & State  
**Miami FL**

4. FEI Number  
**42-1554985**

Applied For  
Not Applicable

Zip Country  
**33180 USA**

Zip Country  
**33179 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**

**ALAN ROZENCWAIG, LESLIE P.A.  
ONE S.E. THIRD AVENUE  
SUITE 960  
MIAMI FL 33131**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 the obligations of registered agent.

SIGNATURE

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MILGRAM, ELIAS</b>
STREET ADDRESS	<b>ONE S.E. THIRD AVE., SUITE 960</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILGRAM, ELIAS</b>	
STREET ADDRESS	<b>19431 NE 17TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33179</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** **SIGNED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/10/03** **786-303-1409**  
Date Daytime Phone #

CR2E034 (10/02)