

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000120196(L)
 1. Entity Name
ESTHER M. MCKENZIE, M.D., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1800 Sunset Harbour</u>		3. Mailing Address <u>1800 Sunset Harbour</u>	
Suite, Apt. #, etc. <u># 811</u>		Suite, Apt. #, etc. <u># 811</u>	
City & State <u>Miami Beach, FL</u>		City & State <u>Miami Beach, FL</u>	
Zip <u>33139</u>	Country <u>U.S.A.</u>	Zip <u>33139</u>	Country <u>U.S.A.</u>

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4. FEI Number <u>01-0754969</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 _____

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] (NOTE: Registered Agent signature required when resigning) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$650.00
 Amended UBR is \$61.25
 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Esther M. McKenzie</u> <u>1800 Sunset Harbour, #811</u> <u>Miami Beach, FL 33139</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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

SIGNATURE [Signature] Esther M. McKenzie 7-28-2003 305-674-8402
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment #

80137059
PO2000120196

~~July 28, 2003~~

To Whom It May Concern:

I have not received my Uniform Business Report (UBR) to date. There is some confusion concerning where it was sent but I have just switched accountants and this is the first UBR I have completed since the corporation was established last year. Please make an exception for my corporation, **Esther M. McKenzie, M.D., P.A.**, and accept the enclosed \$150.00 check for the UBR fee.

Sincerely,


Esther M. McKenzie, M.D.