

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91786 015 ***150.00

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

DOCUMENT # P92000006564

1. Entity Name
MICHAEL A. SIMON, D.M.D., P.A.

Principal Place of Business
**2500 E. HALLANDALE BEACH BLVD.
SUITE 700
HALLANDALE, FL 33009**

Mailing Address
**2500 E. HALLANDALE BEACH BLVD.
SUITE 700
HALLANDALE, FL 33009**

2. Principal Place of Business
3. Mailing Address

State, Apt. #, etc. City & State

4. FEI Number **65-0377680** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SIMON, MICHAEL A DMD
2500 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

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 _____ DATE _____

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 | DELETE |
|-------|------------------|--------------------------------|----------------------|--------------------------|
| DP | SIMON, MICHAEL A | 2500 E. HALLANDALE BEACH BLVD. | HALLANDALE, FL 33009 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|------|----------------|-------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *[Signature]* **MICHAEL A. SIMON** Date: **4/29/03** Office Phone: **954-456-5400**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **PRESIDENT**

17041686



CHECK HERE IF MAKING CHANGES

CF2E034 (10/02)