## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000017323 1. Entity Name

## FILED Feb 26, 2001 8:00 am Secretary of State

SAMUEL RAND MEDICAL CLINIC, P.A.						02-26-2001 9	90512 049 ***1	50.00
Principal Plac		Mailing Address		····				
4480 Sheridan St Emerald Hills Medical Souare Hollywood Fl 33021		4480 SHERIDAN ST EMERALD HILLS MEDIC HOLLYWOOD FL 33021	EMERALD HILLS MEDICAL SQUARE					
							(1 <b>10</b> 12)   1111   1112   1116	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FE	65-0400708	<b>├</b>	Applied For Not Applicable
Zip	Country	Zip	Cour	ntry		5. Certificate of Status Desired		
	6. Name and Address of Cur	rent Registered Agent			7. N	ame and Address of New Reg	istered Agent	
The state of the s				Name			The second secon	
RAND, SAMUEL 4480 SHERIDAN ST				Street Address (P.O. Box Number is Not Acceptable)				
	RALD HILLS MEDICAL SQUAR	E						
HOLLYWOOD FL 33021				City			FL Zip Co	ode
8. The above	e named entity submits this stateme	ent for the purpose of changing	g its register	red office or regis	tered age	nt, or both, in the State of Florid	da.	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Register	ed Agent signature requi	red when rei	nstating)	2/44/0	F
9. This corporation is eligible to satisfy its Intangi Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			10. Election Campaign Finar Trust Fund Contribution.		.00 May Be ded to Fees
11.	OFFICERS :							
TITLE	1	AND DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 11
	l D	AND DIRECTORS  Delete	12.		ADI	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
NAME	RAND, SAMUEL	☐ Delete	TITE	LE ME	ADI	DITIONS/CHANGES TO OFFIC		
NAME STREET ADDRESS CITY-ST-ZIP	RAND, SAMUEL 4480 SHERIDAN ST EMERA	☐ Delete	TITE NAM STR	LE	ADI	DITIONS/CHANGES TO OFFIC		
STREET ADDRESS	RAND, SAMUEL	☐ Delete	TITE NAM STR	LE ME REET ADDRESS Y-ST-ZIP	ADI	DITIONS/CHANGES TO OFFIC		e
STREET ADDRESS CITY-ST-ZIP TITLE NAME	RAND, SAMUEL 4480 SHERIDAN ST EMERA	Delete	TITE NAM STR CIT TITE NAM	LE ME REET ADDRESS Y-ST-ZIP LE ME	ADI	DITIONS/CHANGES TO OFFIC	☐ Chang	e
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RAND, SAMUEL 4480 SHERIDAN ST EMERA	Delete	TITE NAF STF CIT TITE NAF STF	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	ADI	DITIONS/CHANGES TO OFFIC	☐ Chang	e
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAND, SAMUEL 4480 SHERIDAN ST EMERA	Delete	TITE NAF STF CIT TITE NAF STF	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	ADI	DITIONS/CHANGES TO OFFIC	☐ Chang	e Addition e Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RAND, SAMUEL 4480 SHERIDAN ST EMERA	Delete	TITI NAA STF CIT TITI NAA STF	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	ADI	DITIONS/CHANGES TO OFFIC	☐ Chang	e Addition e Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	RAND, SAMUEL 4480 SHERIDAN ST EMERA	Delete	TITI NAN STR CIT TITI NAN STR CIT TITI NAN STR CIT TITI TITI NAN STR	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS	ADI	DITIONS/CHANGES TO OFFIC	☐ Chang	e Addition e Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	RAND, SAMUEL 4480 SHERIDAN ST EMERA	Delete  ALD HILLS MEDICAL SQ  Delete	TITI NAM STR CIT TITI NAM STR CIT TITI NAM STR CIT TITI CIT TITI CIT TITI CIT	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	ADI	DITIONS/CHANGES TO OFFIC	☐ Chang	e Addition e Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	RAND, SAMUEL 4480 SHERIDAN ST EMERA	Delete	TITI NAM STF CIT TITI NAM STF CIT TITI TITI TITI TITI TITI TITI TIT	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	ADI	DITIONS/CHANGES TO OFFIC	☐ Chang	e Addition e Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	RAND, SAMUEL 4480 SHERIDAN ST EMERA	Delete  ALD HILLS MEDICAL SQ  Delete	TITI NAM STF CIT TITI NAM STF CIT TITI TITI NAM STF CIT TITI NAM	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	ADI	DITIONS/CHANGES TO OFFIC	☐ Chang	e Addition e Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE	RAND, SAMUEL 4480 SHERIDAN ST EMERA	Delete  ALD HILLS MEDICAL SQ  Delete	TITI NAM STF CIT TITI NAM STF CIT TITI NAM STF CIT TITI NAM STF CIT TITI NAM STF	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	ADI		☐ Chang	e Addition e Addition

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 supplied that 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my game appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Paytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition