

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

0644184 SP

**DOCUMENT # P93000046840**

1. Entity Name  
**HOWARD F. SUSSMAN, M.D., P.A.**

02-20-2002 90118 029 \*\*\*150.00

Principal Place of Business      Mailing Address  
**100 NW 170TH ST**      **ADMINISTRATIVE OFFICE**  
**SUITE 405**      **PKWY REG. MEDICAL CTR 160 N.W. 170TH ST**  
**NORTH MIAMI BEACH FL 33169**      **N MIAMI BEACH FL 33169**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-0088313</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |          |  |
|---|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent        |  |          |  |
| <b>SUSSMAN, HOWARD F M.D.</b><br><b>160 NORTHWEST 170TH STREET</b><br><b>NORTH MIAMI BEACH FL 33169</b> |  |  |  | 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.

SIGNATURE: *Howard Sussman*      DATE: **1/28/02**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |   |                                    |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete       | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SUSSMAN, HOWARD F MD</b>                    | NAME  |   |
| STREET ADDRESS             | <b>160 N.W. 170TH STREET PRKWY. MED. CNTR.</b> | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>NORTH MIAMI BEACH FL 33169</b>              | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Howard Sussman*      DATE: **1/28/02**      DAYTIME PHONE #: **954-434-0401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)