

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

07-21-2003 90358 016 ***150.00
P93000058503

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DOCUMENT # **P93000058503**



1. Entity Name

KEITH J. LERNER, M.D., P.A.

Principal Place of Business
4850 WEST OAKLAND PARK BLVD.
STE. 209
FT. LAUDERDALE FL 33313

Mailing Address
4850 WEST OAKLAND PARK BLVD.
STE. 209
FT. LAUDERDALE FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0434914

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LERNER, KEITH J M.D.
4850 WEST OAKLAND PARK BLVD.
STE. 209
FT. LAUDERDALE FL 33313

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 **O** Delete
NAME LERNER, KEITH J M.D.
STREET ADDRESS 4850 WEST OAKLAND PARK BLVD., #209
CITY-ST-ZIP FT. LAUDERDALE FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

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 807, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/03

Daytime Phone

CR2034 (4/03)

9544849250



FLORIDA INSTITUTE OF HEALTH
— American Medicine for the 21st Century —

Daniel Kesden, M.D., P.A.**Keith J. Lerner, M.D., P.A.**

July 2, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Keith J. Lerner, M.D., P.A. Document # P9300 058503
FEI # 65-0434914

Please be advised that I, Keith J. Lerner, M.D., did not receive the UBR for 2003.
Enclosed is a check for \$150.00, which is the amount owed.

Thank you for your cooperation.

Sincerely,

Keith J. Lerner, M.D., P.A.