

FILED
May 08, 2000 8:00 am
Secretary of State

DOCUMENT # P93000065584

PAUL M. GUSTMAN, M.D., P.A.

Principal Place of Business	Mailing Address
8940 NORTH KENDALL DRIVE 701 MIAMI FL 33176 US	8940 NORTH KENDALL DRIVE 701 MIAMI FL 33176-2150 US

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	65-0436930	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
GUSTMAN, PAUL M MD 8940 NORTH KENDALL DRIVE SUITE 701 MIAMI FL 33176	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

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

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUSTMAN, PAUL M MD 8940 N. KENDALL DR- STE 701 MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED PAUL M. GUSTMAN M.D. 4/21/00 305275-757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)