2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

P93000071895 **DOCUMENT #**

1. Entity Name

Principal Place of Business

DAVID S. HOFFMAN, M.D., P.A.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90039 009 ***150.00

CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	SUITE 21 MIAMI FL 33 US 2. Principal		SUI' Mia Us	D SW 57TH AVE TE 21 MI FL 33143 ailing Address							
Zip Country Zip Country	Suite, Ap	t. #, etc.	Su	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name	City & Sta	ate	Cit	y & State			4. FEI	Number 65-0446985			
HOFFMAN, DAVID S MD 7900 SW 57TH AVE. MIAMI FL 33143 6. The above named analyse submits this statement for the purpose of changing its registered Agent signature request short wheelings or registered agent. FILL NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	Zip				Country		5. Cert	ificate of Status Desired		8.75 Ad	dditional
HOFFMAN, DAVID S MD 7900 SW 57TH AVE. MIAMI FL 33143 6. The above named onlifty aubmits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11 III. MAKE STREET ADDRESS OTH'S-1-2P III.E MAKE STREET ADDRESS OTH'S-1-2P	· · · · · · · · · · · · · · · · · · ·	6. Name and Addr	ess of Current Register	ed Agent			7. Nam	e and Address of New Regi			
Street Address (PO. Box Number is Not Acceptable)			 -		N N	lame			oleica A	gent	 -
MAMIFL 33143 6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the precisions of registered agent, or both, in the State of Fords. I am familiar with, and accept the precisions of registered agent, or both, in the State of Fords. I am familiar with, and accept the precisions of registered agent, or both, in the	HOFFMA	n, david s md									
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State Now!!! FEE IS \$150.00					registered o	ffice or register	red agent,	or both, in the State of Florida	a. I am fa	miliar with,	and accept
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.		Signature, typed or printed nam	e of registered agent and title if app	olicable. (NOTE	E: Registered Age	nt signature required	l when reinstat	ing)	DATE		
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of the corporation or the receiver or thustee empowered to execute this required by Chapter 607, Florida Statutes; and that I am an officer or director changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: >