

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000000758**1. Entity Name
ANDREW B. KAIRALLA, M.D., INC.

Principal Place of Business

4651 SHERIDAN ST., STE. 400

HOLLYWOOD

33021

FL

Mailing Address

4651 SHERIDAN ST., STE. 400

HOLLYWOOD

33021

FL

2. Principal Place of Business

1613 NORTH HARRISON PARKWAY, SUITE 200

3. Mailing Address

1613 NORTH HARRISON PARKWAY, SUITE 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUNRISE

FL

City & State

SUNRISE

FL

4. FEI Number

65-0458930

Applied For

Not Applicable

Zip

33323

Country

Zip

33323

Country

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTUS JAY A
4651 SHERIDAN ST., STE. 400

HOLLYWOOD

33021

FL

7. Name and Address of New Registered Agent

Name

MARTUS JAY A

Street Address (P.O. Box Number is Not Acceptable)

1613 NORTH HARRISON PARKWAY, SUITE 200

City

SUNRISE

FL

Zip Code

33323

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/23/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE CFOD ☐ Delete
NAME COWARD ROBERT
STREET ADDRESS 4651 SHERIDAN ST., STE. 400
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE VPS ☐ Delete
NAME MARTUS JAY A
STREET ADDRESS 4651 SHERIDAN ST., STE. 400
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE EVPD ☐ Delete
NAME GOLD LEWIS
STREET ADDRESS 4651 SHERIDAN ST., STE. 400
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE PD ☐ Delete
NAME EISENBERG MITCHELL
STREET ADDRESS 4651 SHERIDAN ST., STE. 400
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CFOD ☒ Change ☐ Addition
NAME COWARD ROBERT
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200
CITY-ST-ZIP SUNRISE FL 33323TITLE VPS ☒ Change ☐ Addition
NAME MARTUS JAY A
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200
CITY-ST-ZIP SUNRISE FL 33323TITLE EVPD ☒ Change ☐ Addition
NAME GOLD LEWIS
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200
CITY-ST-ZIP SUNRISE FL 33323TITLE PD ☒ Change ☐ Addition
NAME EISENBERG MITCHELL
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200
CITY-ST-ZIP SUNRISE FL 33323TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Jay A. Martus

VP

02/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)