

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000047788**

1. Entity Name

**PHYSICIAN OFFICES OF FLORIDA CITY, INC.**

Principal Place of Business

**676 W. PALM DR.  
FLORIDA CITY FL 33034**

Mailing Address

**676 W. PALM DR.  
FLORIDA CITY FL 33034**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 901290**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**HOMESTEAD, FLA.**

Zip

Country

Zip

Country

**33070-1290****USA**4. FEI Number **65-0501090**

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

**WELLISCH, IRA  
646 W PALM DR  
FLORIDA CITY FL 33034**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>WELLISCH, IRA S</b>	<b>10000 S.W. 122ND TERRACE</b>	<b>MIAMI FL 33176</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>PACKARD, MARIA</b>	<b>8075 N.W. 7TH ST., APT. 317</b>	<b>MIAMI FL 33126</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/01**

Date

**305-242-0883**

Daytime Phone #

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90376 014 \*\*\*158.75

**LU055390**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)