

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90017 036 ***150.00

DOCUMENT # P95000016515

1. Entity Name
EDGAR H. J. HIFT, M.D., P.A.

Principal Place of Business
P O BOX 11209
FORT LAUDERDALE FL 33339

Mailing Address
54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3200 N. Ocean Blvd.
 Suite, Apt. #, etc.
Apt. #2409

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State

4. FEI Number **65-0562322**

Applied For
 Not Applicable

Zip Country
33308 USA

Zip Country

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

COHEN, JEFFREY L
54 NORTHEAST FOURTH AVENUE
DELRAY BEACH FL 33483

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

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, 2002 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	DP HIFT, EDGAR H. J P O BOX 11209 FORT LAUDERDALE FL 33339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hift, Edgar H.J. 3200 N. Ocean Blvd., Apt: 2409 Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 another like empowered.

SIGNATURE: *[Signature]* **1/14/02** **954-567-0637**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

ATTACHMENT Doc#: P95000016515

STRAWN, MONAGHAN & COHEN, P.A.

54 NORTHEAST FOURTH AVENUE
DELRAY BEACH, FLORIDA 33483
Attorneys and Counselors

308965

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Ft. Lauderdale, Florida 33309
(954) 484-0016

Of Counsel:
TERRY MEEK*
*Board Certified in Health Care Law

P.O. Box 13441
Tallahassee, Florida 32317-3341
(904) 893-7821

January 18, 2002

VIA CERTIFIED MAIL

#7099 3400 0017 5201 7896

RETURN RECEIPT REQUESTED

Division of Corporations
Annual Reports Filing
P. O. Box 1500
Tallahassee, FL 32302-1500

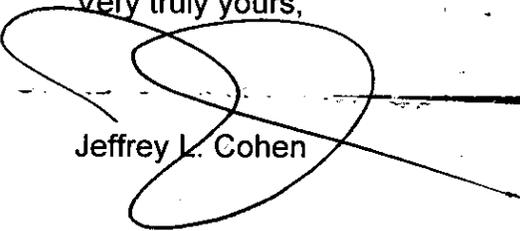
Re: Edgar H. J. Hift, M.D., P.A.
Document Number P95000016515

Ladies and Gentlemen:

Enclosed for filing please find the 2002 Uniform Business Report for Edgar H. J. Hift, M.D., P.A. Also enclosed is a check payable to the Department of State in the amount of \$150.00 in payment of the filing fee.

If you have any questions, please call me.

Very truly yours,


Jeffrey L. Cohen

JLC/mk

Enclosures

cc: Edgar H. J. Hift, M.D.

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January 18, 2002