FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000054249  1. Entity Name MARLENE S. FLETCHER, M.D., P.A.							Jan 29, 2002 8:00 am Secretary of State 01-29-2002 90082 025 ***150.00			
Principal Place of Business 6440 S.W. 107TH STREET MIAM! FL 33156			Mailing Address 6440 S.W. 107TH STREET MIAMI FL 33156					12177	BIEVA (BIK (BE)	
2. Principal I	Place of Busir	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS	S SPACE		
City & State			City & State			4.	4. FEI Number 65-0600963 Applied For Not Applied For			
Zip Country			Zip Coun		try	5. (	5. Certificate of Status Desired See Required			1
6. Name and Address of Current Registered Agent					l	7, 1	Name and Address of New Registered	Agent		1
					Name					1
FLETCHER, MARLENE S 6440 S.W. 107TH STREET					Street Add	lress (P.O. E	Box Number is Not Acceptable)			1
MIAMI FL 33156						*				7
					City	N	FI	L Zip Code	е	1
8. The above	named entity	y submits this statement for			ed office or re	_	ent, or both, in the State of Florida.	102		
SIGNATURE	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered	d Agent signature i	required when re	sinstating) DATE			
9. This corporation is eligible to satisfy its Intangible 2 Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.0 After May 1, 2002 Fee will be \$5 Make Check Payable to Department			0.00	Election Campaign Financing     Trust Fund Contribution.		<b>0</b> May Be I to Fees	
11.	<del></del>	OFFICERS AND D		12.			L DITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	2 IN: 11	┨
TITLE			Delete TITL				DITIONS/GIANGES TO OFFICERS AN	☐ Change	Addition	13
NAME	FLETCHER, MARLENE S		Delete 1					onango		3
STREET ADDRESS CITY-ST-ZIP	6440 S.W. MIAMI FL	107TH STREET			ET ADDRESS -ST-ZIP			<del></del>		L C
TITLE NAME STREET ADDRESS CITY-ST-ZiP			☐ Delete		3			☐ Change	Addition	] {
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TITLE NAME STREET ADDRESS			Delete	TITLE NAME	ET-ADDRESS			Change	Addition	
CITY-ST-ZIP	l			CITY-	ST-ZIP		•	•		1-

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:** 

MULLIGHT STATE STATE OF SIGNING OFFICER OR DIRECTOR

1/13/02

Daytime Phone #