2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90528 002 ***150.00

923199

DO NOT WRITE IN THIS SPACE

0172330

DOCUMENT # P95000067835

1. Entity Name
BRANDON E. KALLMAN M.D., P.A.

Principal Place of Business	Mailing Address
820 ARTHUR GODFREY RD STE 202 MIAMI BEACH FL 33140 US	820 ARTHUR GODFREY RD STE 202 MIAMI BEACH FL 33140 US

2. Principal Place of Business	3. Mailing Address
4701 N. Meridian Ave	4701 N. Meridian Ave
Suite, Apt. #, etc.: Suite 7000	Suite, Apt. #, etc.: Suite 7000
City & State: Miami Beach, FL	City & State: Miami Beach FL
Zip: 33140 Country: USA	Zip: 33140 Country: USA

4. FEI Number 65-0593676 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KALLMAN, BRANDON E
5005 COLLINS AVE.
#1508
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name: Kallman, Brandon E
Street Address (P.O. Box Number is Not Acceptable): 631 Island Rd
City: Miami FL Zip Code: 33137

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 Brandon E. Kallman [signature] 2-18-2001
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	D KALLMAN, BRANDON E 631 ISLAND RD MIAMI FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Brandon E. Kallman [signature] 2-18-2001 305-673-6164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #