

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90010 032 ***150.00

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1. Entity Name
MICHELE G. MORROW, D.O., P.A.

Principal Place of Business
**601 NORTH FLAMINGO ROAD
 SUITE 400
 PEMBROKE PINES, FL 33028**

Mailing Address
**3000 Sterling Road
 Hollywood, FL 33021**

2. Principal Place of Business
3000 Sterling Road Hollywood, FL 33021 (same)

3. Mailing Address
3000 Sterling Road Hollywood, FL 33021 (same)



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0706564** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**MORROW, MICHELE G D.O.
 601 NORTH FLAMINGO ROAD
 SUITE 400
 PEMBROKE PINES, FL 33028**

7. Name and Address of New Registered Agent
 Name **same**
 Street Address (P. O. Box Number is Not Acceptable) **3000 Sterling Road**
 City **Hollywood FL** Zip Code **33021**

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. (NOT 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST <input type="checkbox"/> Delete MORROW, MICHELE G D.O. 601 N. FLAMINGO RD., SUITE 400 PEMBROKE PINES FL 33028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Address change: <input type="checkbox"/> Delete 3000 Sterling Rd Hollywood, FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*I apologize I did not receive this due to change of address. I had a problem setting my mail. Please waive the late fee? Thank you
 RAXAR (levofloxacin HCl) tablets*

13. I hereby certify that the information indicated on this report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation, partnership, or other entity, 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 persons.

SIGNATURE: Michele G. Morrow Date **05/09/07** Daytime Phone # **436 6363**

CR2E034 (10/00)