


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90098 044 ***150.00

DOCUMENT # P96000083372			
1. Entity Name MICHELE G. MORROW, D.O., P.A.			
Principal Place of Business 5821 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021		Mailing Address 5821 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021	
2. Principal Place of Business P.O. Box 800407		3. Mailing Address P.O. Box 800407	
Suite, Apt. #, etc.: Aventura, Florida		Suite, Apt. #, etc.: 33280	
City & State 33280-407 Aventura, Florida		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Zip USA		4. FEI Number 65-0706564	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent MORROW, MICHELE G D.O. 5821 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021 Zip: 33162		7. Name and Address of New Registered Agent Name: <u>Morrow, Michele</u> Street Address (P.O. Box Number is Not Acceptable): <u>P.O. Box 800407</u> <u>Aventura</u> FL <u>33280-407</u>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Michele Morrow</u> DATE: <u>04/22/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MORROW, MICHELE G D.O. 5821 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 800407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Aventura, Florida 32280-407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Morrow, Michele G.D.O. <input type="checkbox"/> Delete 1400 NE Miami Gardens Drive Suite 205-F North Miami Beach, Florida 33162	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
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
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
12. 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 10 or Block 11 if changed, or on an attachment with an address, with full other title empowered.			
SIGNATURE: <u>Michele Morrow</u>		DATE: <u>04/22/03</u> (954) 436-8383	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CR2E034 (10/02)



Attachment #
80137307

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 22, 2003

MICHELE G. MORROW, D.O., P.A.
P.O. BOX 800407
MIAMI, FL 33280

Subject: MICHELE G. MORROW, D.O., P.A.

Reference Number: P96000083372

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

The registered agent must have a **Florida** street address.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RH
ANNUAL REPORTS SECTION

I did not receive this as I was out of town! I closed my medical practice on April 30th & took a leave of absence. I don't understand why you didn't receive the original check for 150~ as I had enclosed it. I have a check stub but check was not cashed. I am keeping the corporation to finish billing & collections & pay bills and
Division of Corporations - P.O. BOX 1500 - Tallahassee, Florida 32302

from Jon tenens work. Please accept this new check. I apologize

Attachment #
70137301
DC16000083372

2713
63-041372670
6310100270

PAY TO THE ORDER OF

MICHELEG. MORROW, D.O.P.A.
954-436-6363
P.O. BOX 800407
AVENTURA, FL 33260

Division of Corporations (Florida)

DATE 04/20/03

One hundred fifty dollars 00/100 \$150.00 DOLLARS

Washington Mutual
Washington Mutual Bank, F.A.
2400 N. West
390 S. Flamingo Road
Pembroke Pines, FL 33027
1-800-788-7000

Renewal of Corporation ~~XXXXXXXXXXXX~~ Michele Morrow

FOR

8/1/03

Here is a copy of the original check that I sent in 2 Apr corporation Renewal form - (The check did not clear so I will place a stop-payment then there is another one.) (see enclosed check) to replace this one.)