

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

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90704 039 ***150.00

DOCUMENT # P96000099552

1. Entity Name

PVL ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

763561

2. Principal Place of Business

2511 Ponce De Leon Blvd.

3. Mailing Address

2511 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Coral Gables, FL 33134-6019

City & State

Coral Gables, FL 33134

Zip

33134-6019

Country

Miami-Dade

Zip

33134-6019

Country

Miami-Dade

4. FEI Number

65-0725180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Katzen, Barry M.D.

Street Address (P.O. Box Number is Not Acceptable)

2511 Ponce De Leon Blvd.

Suite 400

City

Coral Gables, FL

FL

Zip Code

33134-6019

**DO NOT WRITE
IN THIS SPACE**

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.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	DP Aptman, M.D., Michael 2511 Ponce de Leon Blvd., #400 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Katzen, M.D., Barry 2511 Ponce de Leon Blvd., #400 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Kanter, M.D., Stephens 2511 Ponce De Leon Blvd, #400 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)