2001 UNIFORM BUSINESS REPUBLIC

DOCUMENT # P96000101885

Country

BURKE, REDMOND P M.D.

9. This corporation is eligible to satisfy its Intangible

BURKE, REDMOND P

3576 MATHESON AVE.

MIAMI FL 33133

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

CITY-ST-7IR

3576 MATHESON AVE. **MIAMI FL 33133**

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

1. Entity Name

Zip

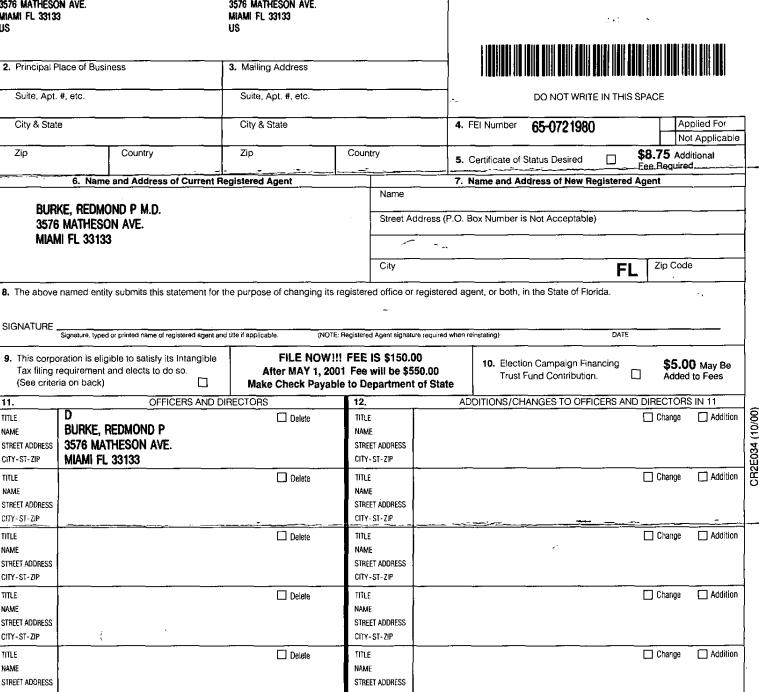
REDMOND P. BURKE, MD. P.A.

Principal Place of Business	Mailing Address	
3576 MATHESON AVE. MIAMI FL 33133 US	3576 MATHESON AVE. MIAMI FL 33133 US	
2. Principal Place of Business	3. Mailing Address	<u></u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	<u> </u>
	1	

7in

Mar 07, 2001 8:00 am **Secretary of State**

03-07-2001 90614 002 ***150.00



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.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

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STREET ADDRESS

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City

Daytime Phone #

☐ Change

Addition