

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101885

1. Entity Name
REDMOND P. BURKE, MD, P.A.

Principal Place of Business
3576 MATHESON AVE.
MIAMI FL 33133
US

Mailing Address
3576 MATHESON AVE.
MIAMI FL 33133
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0721980

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKE, REDMOND P.M.D.
3576 MATHESON AVE.
MIAMI FL 33133

Name STEVEN Y. KARP
Street Address (P.O. Box Number is Not Acceptable) 12000 BISCAYNE BLVD. #405
City N. MIAMI FL Zip Code 33181

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 *Steven Y. Karp*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/6/03
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and effects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 D
NAME BURKE, REDMOND P
STREET ADDRESS 3576 MATHESON AVE.
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Redmond P. Burke MD PA* 3/12/2003 305663-8401

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