

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2000 08:00 AM****Secretary of State****DOCUMENT # P97000035496****1. Entity Name**

AYUB, SOKOL, MATZKOWITZ AND SENNABAUM, M.D.'S, P.A.

Principal Place of Business

7651 MEDICAL DRIVE

HUDSON
34667

FL

Mailing Address

7651 MEDICAL DRIVE

HUDSON
34667

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****59-3442271****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentDAVIS SHELTON PESQ
100 NORTH ASHLEY DRIVE
SUITE 890
TAMPA FL
33602 US**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****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)

04/03/2000

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, 2000 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	<input type="checkbox"/> Delete
T	SENNEBAUM JOSEPH	2651 MEDICAL DR	HUDSON FL 34667	<input type="checkbox"/>
VP	AYUB JORGE	7651 MEDICAL DR	HUDSON FL 34667	<input type="checkbox"/>
VP	SOKOL GERALD	7651 MEDICAL DR	HUDSON FL 34667	<input type="checkbox"/>
PD	MATZKOWITZ ARTHUR	7651 MEDICAL DR	HUDSON FL 34667	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T	SENNEBAUM JOSEPH	7651 MEDICAL DRIVE	HUDSON FL 34667	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: ARTHUR J. MATZKOWITZ, M.D.****PD****04/03/2000**