

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000035496

FILED
Jan 07, 2003
Secretary of State

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

Current Principal Place of Business:

7651 MEDICAL DRIVE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

7651 MEDICAL DRIVE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-3442271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, SHELDON P ESQ
100 NORTH ASHLEY DRIVE
SUITE 890
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MATZKOWITZ, ARTHUR
Address: 7651 MEDICAL DR
City-St-Zip: HUDSON, FL 34667

Title: PD () Delete
Name: SOKOL, GERALD
Address: 7651 MEDICAL DR
City-St-Zip: HUDSON, FL 34667

Title: VP () Delete
Name: AYUB, JORGE
Address: 7651 MEDICAL DR
City-St-Zip: HUDSON, FL 34667

Title: T () Delete
Name: SENNABAUM, JOSEPH
Address: 7651 MEDICAL DRIVE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE AYUB M. D.

M.D.

01/07/2003

Electronic Signature of Signing Officer or Director

Date