

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000041147

1. Entity Name
RUSSELL H. KESSELMAN, M.D., P.A.



Principal Place of Business 2511 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009 US	Mailing Address 2511 E HALLANDALE BCH BLVD HALLANDALE, FL 33009 US
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2. Principal Place of Business 20880 WEST DIXIE HIGHWAY Suite, Apt. #, etc. 108	3. Mailing Address 20880 WEST DIXIE HIGHWAY Suite, Apt. #, etc. 108
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33180-1151	Zip 33180-1151
Country DADE	Country DADE



CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0752052	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 KESSELMAN, RUSSELL H
 2511 N. HALLANDALE BEACH BLVD.
 HALLANDALE, FL 33009

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 20880 WEST DIXIE HIGHWAY, #108
 City
 MIAMI FL Zip Code
 33180-1151

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 *Russell H. Kesselman, MD, PA* DATE *4/30/03*

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSELMAN, RUSSELL H 2511 E. HALLANDALE BCH BLVD HALLANDALE, FL 33009	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20880 WEST DIXIE HIGHWAY, #108 MIAMI, FLORIDA 33180-1151	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Russell H. Kesselman, MD, PA* DATE: *4/30/03* PHONE: *954-455-9709*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUSSELL H. KESSELMAN, MD, PA

CR2E034 (10/02)