

2002  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -6 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000050177

1. Entity Name

MIGUEL FLEISCHMAN M.D., P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1710 Drew Street

3. Mailing Address

1710 Drew Street

Suite, Apt. #, etc.  
Suite 2

Suite, Apt. #, etc.  
Suite 2

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3490687

Applied For

Not Applicable

Zip

33755

Country

USA

Zip

33755

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Armando F. Mizio

Street Address (P.O. Box Number is Not Acceptable)

25400 U.S. 19 North

Suite 210

City

Clearwater

FL

Zip Code

33763

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)

DATE

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
PSTD  
Miguel Fleischman  
2747 East Enterprise Rd #14  
Clearwater, Florida 33759

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200005555242--4  
-05/16/02--01055--029  
\*\*\*\*150.00 \*\*\*\*150.00

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PSTD  
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2747 East Enterprise Rd #14  
Clearwater, Florida 33759

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: President April 30, 2002 (727) 298-8696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

**Miguel Fleischman M.D., P.A.**  
**1710 Drew Street**  
**Clearwater, Florida 33755**  
**Telephone (727) 298-8696**

April 30, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attn: Reinstatement Section:

To Whom It May Concern:

Per telephone conversation with your office, enclosed is our 2001 Uniform Business Report, which never received since we moved our office.

Enclosed is also our 2002 U.B.R.

Thank you.

Yours truly,

Miguel Fleischman, M.D.