

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91785 032 \*\*\*150.00

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

**DOCUMENT # P97000050177**

1. Entity Name  
**MIGUEL FLEISCHMAN M.D., P.A.**



Principal Place of Business  
**2195 WRENS WAY  
CLEARWATER, FL 33764 US**

Mailing Address  
**2195 WRENS WAY  
CLEARWATER, FL 33764 US**

**11041649**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**2747 E. Enterprise Road  
Suite, Apt. #, etc.  
Suite 14**

3. Mailing Address  
**2747 E. Enterprise Road  
Suite, Apt. #, etc.  
Suite 14**

City & State  
**Clearwater, FL**

City & State  
**Clearwater, FL**

4. FEI Number  
**59-3490687**

Applied For  
☐ Not Applicable

Zip Country  
**33759 USA**

Zip Country  
**33759 USA**

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

**MIZIO, ARMANDO F  
25400 US 19 N., STE. 210  
CLEARWATER, FL 34623**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FLEISCHMAN, MIGUEL  
2195 WRENS WAY  
CLEARWATER, FL 33764**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Fleischman, Miguel  
2747 Enterprise Road, Suite 14  
Clearwater, FL 33759**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: Miguel Fleischman  
President

05/01/03

(727) 797-4144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)