2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080673

1. Entity Name

SIMONS & GALLO, M.D., P.A.

Principal Place of Business	Mailing Address
16800 NW 2ND AVENUE SUITE 607 FL 33179	16800 NW 2ND AVENUE SUITE 607 MIAMI FL 33169-5549

B0028621

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
16800 N.W. 2nd Avenue		
Suite, Apt. #, etc. Suite 607	Suite, Apt. #, etc.	
City & State North Miami Beach FL	City & State	4. FEI Number **65-0783886** / Applied For / Not Applicable
Zip 33169 / Country U.S.A.	Zip / Country	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
SIMONS, ROBERT L MD 16800 NW 2ND AVENUE SUITE 607 MIAMI FL 33179	Name Robert L. Simms, MD Street Address (P.O. Box Number is Not Acceptable) 16800 N.W. 2nd Avenue Suite 607 City North Miami Beach FL Zip Code 33169

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) ☐	**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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONS, ROBERT L MD 16800 NW 2ND AVENUE SUITE 607 MIAMI FL 33179 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLO, JULIO MD 16800 NW 2ND AVENUE SUITE 607 MIAMI FL 33179 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: _____   02/22/2000   (305)657 9903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #