

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90119 006 ***150.00

DOCUMENT # P97000082480

1. Entity Name

GAIL MARSHALL, ARNP, INC.

Principal Place of Business

**3399 PONCE DE LEON BLVD SUITE 201
 CORAL GABLES FL 33134**

Mailing Address

**3399 PONCE DE LEON BLVD SUITE 201
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

7800 Red Road

7800 Red Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #108

Suite #108

City & State

City & State

Miami, FL.

Miami, FL.

Zip

Country

Zip

Country

33143

USA.

33143

USA.

4. FEI Number

65-0784512

Applied For

Not Applicable

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

MARSHALL, GAIL

**3399 PONCE DE LEON BLVD SUITE 201
 CORAL GABLES FL 33134**

Name

Gail Marshall

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

7800 Red Road Suite #108

City

Miami

FL

Zip Code

33143

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, 2002 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	PS	<input type="checkbox"/> Delete
NAME	MARSHALL, GAIL	
STREET ADDRESS	3399 PONCE DE LEON BLVD SUITE 201	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP/S	<input type="checkbox"/> Delete
NAME	MARSHALL, JERRY	
STREET ADDRESS	3399 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marshall, Gail	
STREET ADDRESS	7800 Red Road Suite #108	
CITY-ST-ZIP	Miami, FL. 33143	
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marshall, Jerry	
STREET ADDRESS	7800 Red Road Suite #108	
CITY-ST-ZIP	Miami, FL. 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIG Gail Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

305-666-3221

Daytime Phone #

CR2E034 (9/01)