

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90333 026 ***150.00

DOCUMENT # P97000089259

1. Entity Name

NORMA B. BARTON, M.D., P.A.

Principal Place of Business 951 SW LEJEUNE RD. SUITE 206 CORAL GABLES FL 33134	Mailing Address 951 SW LEJEUNE RD SUITE 206 CORAL GABLES FL 33134
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00021236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8200	3. Mailing Address 8200 S.W. 90 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL	4. FEI Number 65-0793316	Applied For <input type="checkbox"/> Not Applicable
Zip 33156	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MANGIERO, DAVID
12790 S. DIXIE HWY.
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **JAMES M. Barton**
 Street Address (P.O. Box Number is Not Acceptable) **8200 S.W. 90 ST**
 City **MIAMI** FL Zip Code **33156**

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 *James M. Barton* **JAMES M. Barton** *James M. Barton* **2-11-2001**
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, 2001 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 BARTON, NORMA B 951 SW LEJEUNE RD. SUITE 206 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, JAMES M 951 SW LEJEUNE RD. SUITE 206 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norma B. Barton* **NORMA B. Barton** **2/11/01** **305** **324-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)