2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2002 8:00 AM
Secretary of State

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Entity Name: MICHAEL ALAN SHAPIRO, MD, P.A.

Current Principal Place of Business:

128 LANSING ISLAND DR
INDIAN HARBOR BEACH, FL 32937 US

New Principal Place of Business:

1600 SARNO ROAD
SUITE 204 (BREVARD EMERGENCY SERV.)
MELBOUNRE, FL 32935 US

Current Mailing Address:

128 LANSING ISLAND DR.
INDIAN HARBOR BEACH, FL 32937 US

New Mailing Address:

1600 SARNO ROAD
SUITE 204 (BREVARD EMERGENCY SERV.)
MELBOURNE, FL 32901 US

FEI Number: 65-3486807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPIRO, MICHAEL ALAN MD
128 LANSING ISLAND DR.
INDIAN HARBOR BEACH, FL 32937

Name and Address of New Registered Agent:

BREVARD EMERGENCY SERVICES
1600 SARNO ROAD
SUITE 204 (BREVARD EMERGENCY SERV.)
MELBOURNE, FL 32901

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: MICHAEL A SHAPIRO 01/08/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHAPIRO, MICHAEL ALAN MD
Address: 128 LANSING ISLAND DR.
City-St-Zip: INDIAN HARBOR BEACH`, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SHAPIRO, MICHAEL ALAN MD
Address: 1600 SARNO ROAD, SUITE 204
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A SHAPIRO D 01/08/2002
Electronic Signature of Signing Officer or Director Date