

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90147 022 ***150.00

DOCUMENT # P98000015174

1. Entity Name

FENTON G. LEBON, M.D. AND ASSOCIATES, P.A.

Principal Place of Business

**601 BRICKELL KEY DR
 104
 MIAMI FL 33131
 US**

Mailing Address

**601 BRICKELL KEY DR
 104
 MIAMI FL 33131
 US**

2. Principal Place of Business

770 CLAUGHTON ISL. DR.

3. Mailing Address

770 CLAUGHTON ISL. DR.

Suite, Apt. #, etc.

PH 4

Suite, Apt. #, etc.

PH 4

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0844669

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TRAZENFELD, WARREN R ESQ
 200 SOUTH BISCAYNE BOULEVARD
 SUITE 1870
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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.

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 \$550.00
 After September 12, 2001, Fee will be \$750.00
 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

TITLE **CEOP** ☐ Delete
 NAME **LEBON, MD, FENTON G**
 STREET ADDRESS **601 BRICKELL KEY DR STE 104**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEOP** ☐ Change ☐ Addition
 NAME **LEBON, MD Fenton G.**
 STREET ADDRESS **770 CLAUGHTON ISL. DR PH 4**
 CITY-ST-ZIP **MIAMI - FL 33131**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

I 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 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 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 an attachment with an address, with all other like empowered.

09.09.01

Attachment
D# PG800001574
BDD 65529

Fenton G. LeBon, M.D. & Associates, P.A.

770 Claughton Island Drive Suite PH 4

Miami, FL 33131

10 September, 2001

Division of Corporations
Uniform Business Report
409 Gaines Street
Tallahassee, FL 32399

Dear Sir/Madam:

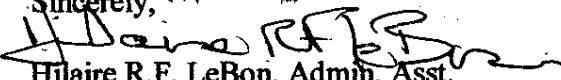
RE: FEI # 65-0844669

As we never received this Uniform Business Form until very late into 2001, and when we did receive same, we called your office. Late delivery may have been due to our change of address. One of your specialists told us to complete the application form, sign, date, and return with our cheque for \$150.00.

Please find enclosed our cheque for \$150.00. Please forgive the rather mutilated form we have enclosed with our cheque. We called your office, again asking for advise. The very kind specialist told us to download a new a new form. However, that did not work out. Your specialist said further that if a new form was not able be obtained by downloading, to merely send in the mutilated form with the cheque - being sure to have the letter postmarked by September 12, 2001. Dr. LeBon's signature is clearly visible as is the date he signed the form.

Thanking you for your kind attention and cooperation, I remain,

Sincerely,


Hilaire R.F. LeBon, Admin. Asst.
Fenton G. LeBon, M.D. & Assoc. P.A.

Telephone: (305) 375-0092

FAX: (305) 375-0142