

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90027 002 ***150.00

DOCUMENT # P98000021848

1. Entity Name
JOSEPH E. MOUHANNA, M.D., P.A.

Principal Place of Business 2601 S.W. 37TH AVENUE SUITE 904 MIAMI FL 33133	Mailing Address 2601 S.W. 37TH AVENUE SUITE 904 MIAMI FL 33133-2751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2601 SW 37 th Ave. Suite, Apt. #, etc. 806 City & State MIAMI, FL Zip 33133 Country U.S.A	3. Mailing Address 2601 SW 37 th Ave. Suite, Apt. #, etc. 806 City & State MIAMI, FL Zip 33133 Country U.S.A
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4. FEI Number 65-0818572	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

~~MOUHANNA, JOSEPH E
2601 S.W. 37TH AVENUE
SUITE 904
MIAMI FL 33133~~

7. Name and Address of New Registered Agent

Name **JOSEPH E. MOUHANNA**
Street Address (P.O. Box Number is Not Acceptable) **2601 SW 37th Ave. Suite 806**
City **MIAMI** FL Zip Code **33133**

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 *Joseph E. Mouhanna* DATE 1/14/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D	<input checked="" type="checkbox"/> Delete	TITLE MOUHANNA, JOSEPH E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOUHANNA, JOSEPH E		NAME MOUHANNA, JOSEPH E.	
STREET ADDRESS 2601 S.W. 37TH AVENUE, Suite 806		STREET ADDRESS 2601 SW 37 th Ave., Suite 806	
CITY-ST-ZIP MIAMI FL 33133		CITY-ST-ZIP MIAMI, FL 33133	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Joseph E. Mouhanna* DATE 1/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)