

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90120 024 ***150.00

DOCUMENT # P98000043135

1. Entity Name

PVL Associates of Cedars, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2511 Ponce de Leon Blvd.

3. Mailing Address

2511 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0839745

Applied For

Not Applicable

Zip

33134

Country

Miami-Dade

Zip

33134

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Howard E. Katzman, M.D.

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

2511 Ponce de Leon Boulevard

Suite 400

City

Coral Gables, FL

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P
NAME Katzman, Howard E.
STREET ADDRESS 2511 Ponce de Leon Blvd., #400
CITY-ST-ZIP Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME Coello, Abilio MD
STREET ADDRESS 2511 Ponce de Leon Blvd., #400
CITY-ST-ZIP Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS
NAME Alvarez, Jose Jr.
STREET ADDRESS 2511 Ponce de Leon Blvd., #400
CITY-ST-ZIP Coral Gables, FL 33134

TITLE
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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 on an attachment with an address, with all other like empowered

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-5-02

Daytime Phone #

CR2E034B (12/01)