

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91173 013 ***150.00

DOCUMENT # P98000046503

1. Entity Name:

GINA MORGAN-SMITH MD, PA

Principal Place of Business

**1700 NW 95TH ST
 MIAMI FL 33150
 US**

Mailing Address

**P.O. BOX 530096
 MIAMI SHORES FL 33153-0996
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

19740 NE 24th Ct

NMB, FL

33180

US.

6. Name and Address of Current Registered Agent

**MORGAN-SMITH, GINA
 174 NE 96TH STREET
 MIAMI SHORES FL 33138**

7. Name and Address of New Registered Agent

Name

MORGAN-SMITH, GINA

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

19740 NE 24th Ct

NMB, FL

City

33180

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.

(NOT)

Registered Agent's signature required when reinstating)

DATE

Gina Morgan-Smith

5/1/01

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	P MORGAN SMITH, GINA MDPA P.O. BOX 530096 MIAMI SHORES FL 33153-0096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Gina Morgan-Smith MD, PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

305 694 0600

Daytime Phone #

0498226

CR2E034 (10/00)