

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90047 046 ***150.00

0274765 AV

DOCUMENT # P98000050021

1. Entity Name
SOUTH MIAMI MEDICAL ARTS CENTER, INC.

Principal Place of Business
7775 SW 87TH AVENUE
#100
MIAMI FL 33173

Mailing Address
7775 SW 87TH AVENUE
#100
MIAMI FL 33173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9420 SW 77 AVE
 Suite, Apt. #, etc.
SUITE 100

3. Mailing Address
9420 SW 77 AVE
 Suite, Apt. #, etc.
SUITE 100

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0840041**

Applied For
 Not Applicable

Zip **33156** Country **USA**

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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, MICHAEL P
7775 SW 87TH AVENUE
#100
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name **NEWMAN, MICHAEL P**
 Street Address (P.O. Box Number is Not Acceptable)
9420 SW 77 AVE SUITE 100
 City **MIAMI** FL Zip Code **33156**

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 of the current or new registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/2002

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	NEWMAN, MICHAEL P		
STREET ADDRESS	8250 SW 95TH ST		
CITY-ST-ZIP	MIAMI FL		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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	<input type="checkbox"/> Delete		<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 information.

SIGNATURE

[Signature] **MICHAEL P. NEWMAN**

4/22/02

305 666 1402

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)