

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90033 020 ***150.00

DOCUMENT # P98000061367

1. Entity Name

EILEEN HIGGINS, MD, PA

Principal Place of Business

Mailing Address

1321 NW 14TH ST
 STE 302
 MIAMI FL 33125
 US

5555 COLLINS AVE
 10-K
 MIAMI BCH FL 33140-2559
 US

00011381



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1321 N.W. 14TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

302

City & State

City & State

MIAMI, FLA

4. FEI Number

65-0851261

Applied For
 Not Applicable

Zip

Country

Zip

Country

33125

US

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALTMAN, STUART H
100 SE 2 STREET 17 FL
MIAMI FL 33131

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 \$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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D

HIGGINS, EILEEN
5555 COLLINS AVE APT 10K
MIAMI BEACH FL 33140

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D PRESIDENT
HIGGINS, EILEEN
1321 N.W. 14TH ST.
MIAMI, FLA 33125

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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Change Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change 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:

EILEEN HIGGINS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 (305) 324-8030
 Date Daytime Phone #