2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077493

1. Entity Name

JHONNY SALOMON, M.D., P.A.

FILED
Mar 31, 2000 8:00 am
Secretary of State
03-31-2000 90035 019 ***150.00

631482

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8750 SW 144TH STREET SUITE 201 MIAMI FL 33176 US	8750 SW 144TH STREET SUITE 201 MIAMI FL 33176-2306 US

2. Principal Place of Business	3. Mailing Address
2560 TIGERTAIL Ave	2560 TIGERTAIL Ave #5
Suite, Apt. #, etc. #5	Suite, Apt. #, etc. #5
City & State Miami	City & State Miami
Zip FL / Country USAA	Zip 33176 / Country Dade

4. FEI Number 65-0864578 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALOMON, JHONNY
8750 SW 144TH STREET
SUITE 201
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name JHONNY SALOMON, MD, PA
Street Address (P.O. Box Number is Not Acceptable) 2560 Tigertail Ave #5
City Miami FL Zip Code 33176

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 JHONNY SALOMON, MD [signature] DATE 3/26/00
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 NAME STREET ADDRESS CITY-ST-ZIP	D SALOMON, JHONNY 8750 SW 144TH STREET #201 MIAMI FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: SIGNATURE REQUIRED [signature] 3/26/00 305 858-1557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #