2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
04-03-2001 90097 019 ***150.00

0496276

DOCUMENT # P98000077493

1. Entity Name
JHONNY SALOMON, M.D., P.A.

Principal Place of Business	Mailing Address
2560 TIGERTAIL AVE #5 MIAMI FL 33176 US	2560 TIGERTAIL AVE #5 MIAMI FL 33176 US

B0024082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9055 SW 87 Ave	9055 SW 87 Ave
Suite, Apt. #, etc. 305	Suite, Apt. #, etc. 305
City & State Miami FL	City & State Miami FL
Zip 33176 Country Dade	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
2560 TIGERTAIL AVE
#5
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name: JHONNY SALOMON, MD
Street Address (P.O. Box Number is Not Acceptable): 9055 SW 87 Ave #305
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 [signature] DATE 3/28/01

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, 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	D SALOMON, JHONNY 8750 SW 144TH STREET #201 MIAMI FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALOMON, JHONNY 9055 SW 87 Ave #305 Miami FL 33176 ☐ 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: X [signature] Date 3/28/01 Daytime Phone # 3056678042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR