FILED
Jul 16, 2002 8:00 am
Secretary of State
07-16-2002 90373 006 ***150.00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079701

1. Entity Name
MICHAEL S. MISHKIN, MD, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7401 N University Dr	Same
Suite, Apt. #, etc. Suite 105	Suite, Apt. #, etc.
City & State Tamarac, FL	City & State
Zip 33321 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-15366270 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Robert S. Zippin, Esq.
Street Address (P.O. Box Number is Not Acceptable): 7101 W. McNab Road, #200
City: Tamarac FL Zip Code 33321

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 Michael S. Mishkin [signature] 4/29/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D	TITLE	
NAME	Mishkin, Michael S.	NAME	
STREET ADDRESS	7401 N University Dr #105	STREET ADDRESS	
CITY-ST-ZIP	Tamarac, FL 33321	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Mishkin, Patricia	NAME	
STREET ADDRESS	7401 N University Dr #105	STREET ADDRESS	
CITY-ST-ZIP	Tamarac, FL 33321	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CH2E0MB (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/29/02 Daytime Phone #