

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90044 043 ***150.00

DOCUMENT # P98000082810

1. Entity Name

M. AWAD, MD., P.A.

Principal Place of Business

Mailing Address

**817 S UNIVERSITY DR
SUITE #104
PLANTATION FL 33324****9380 N.W. 8TH CIRCLE
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

8395 W Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

City & State

Sunrise, Florida

Zip

Country

Zip

Country

33351**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AWAD, MEDHAT
9380 N.W. 8TH CIRCLE
PLANTATION FL 33324**

-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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	AWAD, MEDHAT MD			
	9380 N.W. 8TH CIRCLE			
	PLANTATION FL 33324			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01

Date

954-578-2256

Daytime Phone #

CR2E034 (10/00)