FILED 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000106967** CONCEPCION R. LURIE, M.D., P.A.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

City

Mailing Address

945 MARINER DR.

3. Mailing Address

City & State

Zip

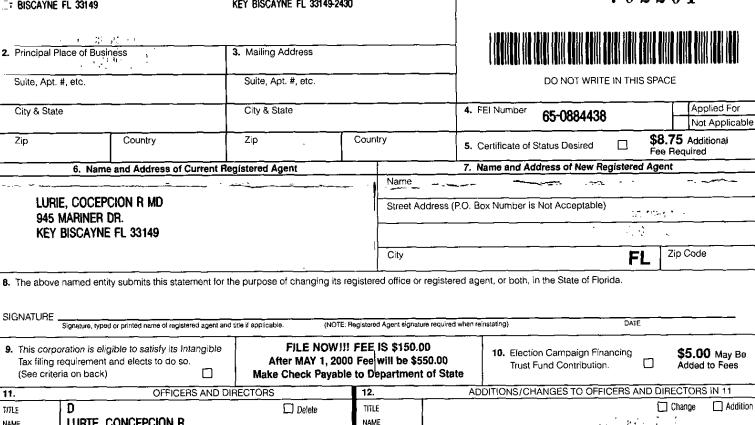
Suite, Apt. #, etc.

KEY BISCAYNE FL 33149-2430

Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90124 040 ***150.00

104401



| (See criteria on back) | | | Make Check Payable to Department of State | | ite Indat i and continuation. | 10 1 003 | |
|--|---|--|---|---------------------------------------|---|----------|--|
| 11. OFFICERS AND DIRECTORS | | | DIRECTORS | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LURTE, CONCEPCION 945 MARINER DR. KEY BISCAYNE FL 33 | | ☐ 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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| TITLE NAME 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,

SIGNATURE:

Principal Place of Business

2. Principal Place of Business

Country

LURIE, COCEPCION R MD

KEY BISCAYNE FL 33149

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

945 MARINER DR.

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

ET BISCAYNE FL 33149

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

945 MARINER DR.