

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015604

1. Entity Name
BRADFORD D. RESS AND ASSOCIATES, M.D., P.A.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90055 013 ***150.00

Principal Place of Business
1700 SANS SOUCI BLVD.
NORTH MIAMI FL

Mailing Address
1700 SANS SOUCI BLVD.
NORTH MIAMI FL 33181-3206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7284 PALMETTO PARK ROAD

3. Mailing Address
7284 PALMETTO PARK ROAD

Suite, Apt. #, etc.
SUITE 105

Suite, Apt. #, etc.
SUITE 105

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
650932775

Applied For
 Not Applicable

Zip
33433

Country
USA

Zip
33433

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESS, LEWIS M
1700 SANS SOUCI BLVD.
NORTH MIAMI FL

Name
Street Address (P.O. Box Number is Not Acceptable)
12000 BISCAYNE BOULEVARD
SUITE 217
City
NORTH MIAMI FL Zip Code
33181

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 *Lewis M. Ress* LEWIS M. RESS 4/26/00
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, 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 RESS, BRADFORD D 1700 SANS SOUCI BLVD. NORTH MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESS, BRADFORD D. 7284 PALMETTO PARK ROAD, SUITE 105 BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESS, ESTA B 1000 ISLAND BLVD. AVENTURA FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Bradford D. Ress* BRADFORD D. RESS 4/26/00 561-347-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)