FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90015 001 ***150.00

DOCUMENT # P99000021042

1. Entity Name

Deirdre M. Marshall, P.A.

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B0093700

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
169 East Flagler St	169 East Flagler St
Suite, Apt. #, etc. Suite 1619	Suite, Apt. #, etc. Suite 1619
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country	Zip 33131 Country

4. FEI Number 650443283 ☐ 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: Julian H. Kreeger

Street Address (P.O. Box Number is Not Acceptable): 169 East Flagler Street Suite 1619

City: Miami **FL** Zip Code: 33131

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) ☐

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 P NAME Marshall, Deirdre M M.D. STREET ADDRESS 3100 SW 62nd Ave, Ste. 120 CITY-ST-ZIP Miami, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Asst Sec NAME JULIAN H. KREEGER STREET ADDRESS 169 E. Flagler St. #1619 CITY-ST-ZIP Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (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: Julian H. Kreeger JULIAN H. KREEGER 4/30/02 305-373-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #