

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90087 020 ***150.00

DOCUMENT # P99000062229

1. Entity Name
JEFFREY A. RICH, D.O., P.A.



Principal Place of Business
**6090 BIRD ROAD
MIAMI FL 33155**

Mailing Address
**6090 BIRD ROAD
MIAMI FL 33155**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
10860 SW 88th Street
Suite, Apt. #, etc.

3. Mailing Address
10860 SW 88th Street
Suite, Apt. #, etc.

City & State
MIAMI, FL
Zip
33176
Country
USA

City & State
MIAMI, FL
Zip
33176
Country
USA

4. FEI Number
65-0940712

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RICH, JEFFREY A
6090 BIRD ROAD
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
10860 SW 88th Street
City
MIAMI **FL** Zip Code
33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]** DATE **3-11-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICH, JEFFREY A 6090 BIRD ROAD MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	10860 SW 88th Street MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03 (305) 275-1776
Date Daytime Phone #

CR2E034 (10/02)