

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000073789

FILED
Apr 27, 2002 8:00 AM
Secretary of State

Entity Name: MICHAEL A. WESTON, M.D., P.A.

Current Principal Place of Business:

14340 BEDFORD CT.
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 277
FT. LAUDERDALE, FL 33302

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WESTON, MICHAEL A
14340 BEDFORD COURT
DAVIE, FL 33325 US

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: WESTON, MICHAEL A
Address: 14340 BEDFORD COURT
City-St-Zip: DAVIE, FL 33325

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. WESTON, M.D.

PRES

04/27/2002

Electronic Signature of Signing Officer or Director

_____ Date