

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S97863

1. Entity Name

MICHAEL A. MORRISON, M.D., P.A.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90128 023 \*\*\*158.75

Principal Place of Business

Mailing Address

330 SOUTH STATE ROAD 7  
SUITE D  
PLANTATION FL 33317

330 SOUTH STATE ROAD 7  
SUITE D  
PLANTATION FL 33317-2839

2. Principal Place of Business

3. Mailing Address

4101 N.W. 4TH STREET

4101 N.W. 4TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101

SUITE 101

City & State

City & State

PLANTATION FLORIDA

PLANTATION FLORIDA

Zip

Zip

Country

Country

33317

U.S.A.

33317

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0298959

Applied For

Not Applicable

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

MORRISON, MICHAEL A MD  
330 SOUTH STATE ROAD 7  
SUITE D  
PLANTATION FL 33317

Name

MORRISON, MICHAEL A. M.D.

Street Address (P.O. Box Number is Not Acceptable)

4101 N.W. 4TH STREET

City

SUITE 101

PLANTATION

FL

Zip Code

33317

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

MICHAEL A. MORRISON M.D.

1/25/00

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	OP MORRISON, MICHAEL A MD 330 SOUTH STATE ROAD 7, SUITE D PLANTATION FL 33317	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

(954) 792-6400

Daytime Phone #

CR2E034 (9/99)