

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S97863

1. Entity Name

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

Principal Place of Business

Mailing Address

4101 NW 4TH ST
STE 101
PLANTATION FL 33317

4101 NW 4TH ST
STE 101
PLANTATION FL 33317

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 109

SUITE 109

City & State

City & State

PLANTATION, FL

PLANTATION, FL

Zip

Country

Zip

Country

33317

U.S.A.

33317

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON, MICHAEL A MD
4101 NW 4TH ST
STE 101
PLANTATION FL 33317

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	OP	<input type="checkbox"/> Delete
NAME	MORRISON, MICHAEL A MD	
STREET ADDRESS	330 SOUTH STATE ROAD 7, SUITE D	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, MICHAEL A. M.D.	
STREET ADDRESS	4101 NW 4TH STREET, STE 109	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/27/01

(954) 792-6900

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90140 003 ***158.75

C0061096



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

CR2E034 (10/00)