## Apr 04, 2003 8:00 am Secretary of State

**FILED** 

04-04-2003 90158 028 \*\*\*150.00

-- VUINU

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

600532 DOCUMENT #

1. Entity Name

FRANZ, LUCAS & BERNSTEIN, M.D., P.A.

Principal Place of Business 1925 MIZELL AVENUE. SUITE 104 Mailing Address 1925 MIZELL AVENUE, SUITE 104

WINTER PARK FL 32792		WINTER PARK FL 32792				
2. Principal I	Place of Business	3. Mailing Address				
	5 Howell Branch Rd	1555 Howe	U Branch	Rd		
Suite, Apt. #, etc. Suite B2 Suite B2					CHECK HERE IF MAKING CHANGES	
City & Sta いじか	· ^ _	City & State			4. FEI Number 59-1233272 Applied For Not Applicable	
3a78	91170 USA	32T89-1170	Country	<i>f</i>	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current R			7	7. Name and Address of New Registered Agent	
				Name		
BERNSTEIN, RAYMOND MD				Street Address (P.O. Box Number is Not Acceptable)		
1925 MIZELL AVE., SUITE 104						
WINTER PARK FL 32792						
			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. I am familiar with, and accept						
the obligations of registered agent.						
SIGNATURE						
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 \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS 11.			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	Eran	z, Chailes R Change Addition	
NAME	FRANZ, CHARLES R	•	NAME		5 Howell Branch Rd, B2	
STREET ADDRESS CITY-ST-ZIP	1992 MIZELL AVE WINTER PARK, FL 0	•	STREET ADDRESS CITY-ST-ZIP		nter Paux FL 32789-1170	
TITLE	VD		TITLE			
NAME	LUCAS, CHARLES S	☐ Delete	NAME	ma	$u_2 \cap u_3 u_2 = v_1 = v_2 = v_3 = v_4 = $	
STREET ADDRESS	1992 MIZELL AVE		STREET ADDRESS	1555	5 Howell Branch Rd, B2	
CITY-ST-ZIP	WINTER PARK, FL 0		CITY-ST-ZIP	Wir	nter Park FL 32789-1170	
TITLE	STD	☐ Delete	TITLE	Rive	nstein, Raymond Change Addition	
NAME STREET ADDRESS	BERNSTEIN, RAYMOND   1992 MIZELL AVE	المساد المربوقة مستصفيها	NAME STREET ADDRESS	1555	Howell Branch Rd, B2	
CITY-ST-ZIP	WINTER PARK, FL 0		CITY-ST-ZIP		nter Park FL 32789-1170	
TITLE		□ Delete	TITLE	ایمرت	Change Addition	
NAME	İ	<del></del>	NAME		<b>,</b>	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ 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 entrustee 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Daytime Phone #

Change

Addition