

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 08:00 AM
Secretary of State

DOCUMENT # F02697

1. Entity Name
ELIEZER J. LIVNAT, M.D., INC.

Principal Place of Business 4900 W. OAKLAND PARK BLVD., STE. 301 LAUDERDALE LAKES FL	Mailing Address 4651 SHERIDAN ST. SUITE 400 HOLLYWOOD FL 33021
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2. Principal Place of Business 4100 SOUTH HOSPITAL DRIVE	3. Mailing Address 4651 SHERIDAN STREET
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Suite, Apt. #, etc. SUITE 209	Suite, Apt. #, etc. SUITE 400
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City & State PLANTATION FL	City & State HOLLYWOOD FL
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4. FEI Number 59-2026426	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

Zip 33317	Country	Zip 33021	Country
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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

MARTUS JAY AESQ
4651 SHERIDAN ST.
SUITE 400
HOLLYWOOD FL 33021
US

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 _____ DATE **04/27/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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	VPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTUS JAY A			NAME			
STREET ADDRESS	4651 SHERIDAN ST., STE. 400			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-ZIP			
TITLE	COOD	<input type="checkbox"/> Delete		TITLE	CFOD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHUNDLER MICHAEL			NAME	COWARD ROBERT		
STREET ADDRESS	4651 SHERIDAN ST., STE. 400			STREET ADDRESS	4651 SHERIDAN ST., STE. 400		
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-ZIP	HOLLYWOOD FL 33021		
TITLE	EVPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOLD LEWIS			NAME			
STREET ADDRESS	4651 SHERIDAN ST., STE. 400			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EISENBERG MITCHELL			NAME			
STREET ADDRESS	4651 SHERIDAN ST., STE. 400			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIVNAT ELIEZER JMD			NAME			
STREET ADDRESS	4900 W OAKLAND PARK BLVD, SUITE 301			STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE LAKES FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.