

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075110

1. Entity Name

SHACHNER & ZARAGOZA M.D., P.A.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90051 016 ***150.00

Principal Place of Business	Mailing Address
8150 ROYAL PALM BOULEVARD SUITE 101 CORAL SPRINGS FL 33065	8150 ROYAL PALM BOULEVARD SUITE 101 CORAL SPRINGS FL 33065-5704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	65-0525393	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHACHNER, MARK S MD
 8150 ROYAL PALM BOULEVARD
 SUITE 101
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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 _____ (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, 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	
TITLE	D <input type="checkbox"/> Delete
NAME	SHACHNER, MARK S MD
STREET ADDRESS	8150 ROYAL PALM BLVD., STE. 101
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	T <input type="checkbox"/> Delete
NAME	SHACHNER, ROBIN
STREET ADDRESS	8150 ROYAL PALM BLVD., STE. 101
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	S <input type="checkbox"/> Delete
NAME	ZARAGOZA, BERNARD J
STREET ADDRESS	8150 ROYAL PALM BLVD., STE. 101
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Mark S. Shachner, M.D. 2/24/00 954-755-0111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)