

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000060927**

1. Entity Name

BRUCE H. KRAUT, M.D., P.A.**FILED****Mar 06, 2000 8:00 am**
Secretary of State

03-06-2000 90104 037 ***150.00

Principal Place of Business

Mailing Address

2725 SE MARICAMP RD
OCALA FL 34471
US2725 SE MARICAMP RD
OCALA FL 34471-5537
US

819014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3324260

Applied For

Not Applicable

Zip

Country

Zip

Country

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**KRAUT, BRUCE H MD
2725 SE MARICAMP RD
OCALA FL 34471

Name

Bruce H. Kraut, M.D., P.A.

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

2725 SE Maricamp Rd

City

Ocala

FL

Zip Code

34471

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME D
STREET ADDRESS KRAUT, BRUCE H MD
CITY-ST-ZIP 2725 SE MARICAMP RD
OCALA FL 34471TITLE ☐ Change ☒ Addition
NAME OFFICER
STREET ADDRESS Jose A. Velez-Borras, MD
CITY-ST-ZIP 2725 SE Maricamp Rd.
OCALA, FL 34471TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)