

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90117 001 ***150.00
 05-06-2000 90117 002 *****8.75

DOCUMENT # P97000012368

1. Entity Name
BERND WOLLSCHLAEGER, MD, P.A.

Principal Place of Business Mailing Address
3575 N.E. 207TH STREET #B6 AVENTURA FL 33180 US **3575 N.E. 207TH STREET #B6 AVENTURA FL 33162-2914 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
16899 NE 15th Ave **16899 NE 15th Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
B **B**
 City & State City & State
North Miami Beach FL **North Miami Beach FL**
 Zip Country Zip Country
33162 Dade USA **33162 Dade USA**

4. FEI Number Applied For
65-0731167 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WOLLSCHLAEGER, BERND MD
3575 N.E. 207TH STREET #B6 AVENTURA FL 33180

7. Name and Address of New Registered Agent
 Name **Bernd Wollschlaeger, MD**
 Street Address (P.O. Box Number is Not Acceptable) **16899 NE 15th Ave**
Suite B
 City **North Miami Beach FL** Zip Code **33162**

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 *Bernd Wollschlaeger, MD* DATE *4/27/00*
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WOLLSCHAEGER, BERND 3575 N.E. 207TH STREET #B6 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Bernd Wollschlaeger, MD 16899 NE 15th Ave North Miami Beach, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (CT) Rose Jimenez 16899 NE 15th Ave Suite B North Miami Beach, FL 33162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bernd A. Wollschlaeger, MD* Date *04/27/00* Daytime Phone *940-8717*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

(305)
 247-252