

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106723

1. Entity Name

ROBERT E. TOPPER, M.D., P.A.

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

02-04-2000 90076 040 ***150.00

Principal Place of Business

9960 CENTRAL PARK BLVD. #403
BOCA RATON FL 33428
US

Mailing Address

9960 CENTRAL PARK BLVD. #403
BOCA RATON FL 33428-1761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0801382

Applied For

Not Applicable

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

TOPPER, ROBERT E MD
9960 CENTRAL PARK BLVD
SUITE 403
BOCA RATON FL 33428

Name

Robert E Topper, MD

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

9960 Central Park Blvd

Suite 102

City

Boca Raton FL FL

Zip Code

33428

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 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 ☐ Delete
NAME D
STREET ADDRESS TOPPER, ROBERT E M.D.
CITY-ST-ZIP 9960 CENTRAL PARK BLVD. #403
BOCA RATON FL 33428

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS new suite# → #102
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 #

Robert E Topper MD 1/27/00

561

4834300

CR2E034 (9/99)