FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State
05-13-2002 90158 045 ***150.00

DOCUMENT # V00149

1. Entity Name
WILFRED C. MCKENZIE, M.D., P.A.

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2. Principal Place of Business	3. Mailing Address
1625 S.E. 3RD AVE	
Suite, Apt. #, etc. Suite 404	Suite, Apt. #, etc.
City & State FT. LAUDERDALE FL	City & State
Zip 33316 Country U.S.A.	Zip Country

4. FEI Number 650303676 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name BARRY DIAMOND ESQ

Street Address (P.O. Box Number is Not Acceptable)
9728 West Sample Rd

City Coral Springs FL Zip Code 33065

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DST
NAME	MCKENZIE, WILFRED C
STREET ADDRESS	1625 SE. 3rd AVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	MCKENZIE, WILFRED C
STREET ADDRESS	1625 SE 3 AVE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/22/02.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #