

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 460288

1. Entity Name
ROSIER AND ASSOCIATES, M.D., P.A.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90006 026 ***150.00

Principal Place of Business
8270-201 COLLEGE PKWY
FT MYERS FL 33919

Mailing Address
8270-201 COLLEGE PKWY
FT MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1549158**

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

ROSIER, R. PETER
8211 COLLEGE PARKWAY
FT MYERS FL 33919

Name

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

8270-201 College pkwy

City

ft. Myers

FL

Zip Code

33919

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	PST ROSIER, R PETER 8211 COLLEGE PKWY. FT-MYERS FL-33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	8270-201 College pkwy ft. Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
460288
54576

MICHAEL R. RUBENSTEIN & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

8270-201 COLLEGE PARKWAY FORT MYERS, FLORIDA 33919
PHONE: (941) 489-4443 FAX: (941) 489-3638 E-MAIL: yourcpas@horizonnet.net

INSTRUCTIONS FOR FILING

FORM: FLORIDA DEPARTMENT OF STATE 2001 UNIFORM BUSINESS REPORT

TAXPAYER: Rosier and Associates, M.D., P.A.

FOR THE YEAR: 2001

- ☒ Enclosed is your Uniform Business Report for the year 2001.
- ☒ The original of this form must be signed, type or print the name of the signing officer or director, fill in the date and telephone number (If not already noted) and mail prior to May 1, 2001 in the envelope provided to:

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

- ☒ Your check payable to: **DEPARTMENT OF STATE**, in the amount of **\$150.00** must accompany the uniform business report when filed. Please indicate on your check "**UNIFORM BUSINESS REPORT**" and your federal identification number to insure proper credit to your account.
- ☒ A Copy of the Uniform Business Report is enclosed for your records.

If there are any questions regarding the transmittal of these forms, Please do not hesitate to contact us.

Dated: 1/30/01

TAXPAYER COPY
MICHAEL R. RUBENSTEIN
AND ASSOCIATES, CPA
FORT MYERS, FLORIDA