

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 467085

1. Entity Name

KENNETH H. FARRELL, M.D., P.A.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90078 030 ***150.00

Principal Place of Business

Mailing Address

1112 EAST BROWARD BLVD.
FORT LAUDERDALE FLORIDA 33301

1112 EAST BROWARD BLVD.
FORT LAUDERDALE FLORIDA 33301-2012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1567174

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

HEILBRONNER, EDWARD
200 SE 1ST ST.
12TH FLOOR
MIAMI FL 33131

Name

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

City

FL

Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
FARRELL, KENNETH H.
1112 EAST BROWARD BLVD.
FT. LAUDERDALE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FARRELL, KENNETH H.
1112 EAST BROWARD BLVD.
FT. LAUDERDALE FL ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information indicated on this report is true and correct, or on an attachment, if changed, or on an attachment.

I certify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

KENNETH H. FARRELL, M.D.

1/12/00

954-764-2205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)