

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90031 043 ***150.00

718258



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1573680** Applied For ☐ Not Applicable ☐

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

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

DOCUMENT # **470120**

1. Entity Name
GARY M. KRULIK, M.D. & F. M. GERARD, M.D. ORTHOP

Principal Place of Business Mailing Address
2951 N.W. 49TH AVE. 2951 N.W. 49TH AVE.
LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES FL 33313-1600

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent

KRULIK, GARY M
2951 NW 49 AVE
LAUDERDALE LAKES FL FL 33313

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 _____ DATE _____
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 **SV** ☐ Delete
NAME **GERARD, FREDERIC M**
STREET ADDRESS **2951 N W 49TH AVE**
CITY-ST-ZIP **LAUDERDALE LAKE FL**
TITLE **P** ☐ Delete
NAME **KRULIK, GARY M**
STREET ADDRESS **2951 N W 49TH AVE**
CITY-ST-ZIP **LAUDERDALE LAKE FL**
TITLE **T** ☐ Delete
NAME **TROIANO, CHRISTOPHER J**
STREET ADDRESS **2951 N.W. 49TH AVE**
CITY-ST-ZIP **LAUDERDALE LAKES FL**
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
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: **FREDERIC M. GERARD MD** **2-7-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)