

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90008 033 ***150.00

0110016 AT

DOCUMENT # 473811

1. Entity Name
RICHARD N. SMITH, M.D., P.A.

Principal Place of Business

P. O. BOX 21749
 FT. LAUDERDALE FL 33335

Mailing Address

P. O. BOX 21749
 FT. LAUDERDALE FL 33335

2. Principal Place of Business

2340 Griffin Road
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Same

4. FEI Number

59-1584421

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, RICHARD N. M.D.
2340 GRIFFIN ROAD
DANIA BEACH FL 33312

7. Name and Address of New Registered Agent

Name **Deborah J. Smith**
 Street Address (P. O. Box Number is Not Acceptable)

2340 Griffin Road

City **Ft. Lauderdale** **FL** Zip Code **33312**

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 **Deborah J. Smith** **Deborah J. Smith** **9/10/01**
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **SMITH, RICHARD N., M.D.**
 STREET ADDRESS **P. O. BOX 21749**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33335**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

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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: **Richard N. Smith** **Deborah J. Smith** **9/10/01** **(954) 962-5321**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Debbie Smith
2340 Griffin Road
Ft. Lauderdale, FL 33312
(954) 962-5321 / 962-1348 Fax

Attachment
A0086618

10 September 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #473811
FEI#: 59-1584421 Richard N. Smith, MD PA

To Whom It May Concern:

This letter is to request the original \$150.00 registration fee for this coporation. I thought my husband sent this in when I renewed the other corporations and just found this paperwork recently when I was going thru his papers. He subsequently died on April 6, 2001 before he could renew this corporation. I am enclosing a check for \$150.00 to renew this corporation and hope that you will waive the late fee.

Thank you for your consideration of this matter.

Sincerely,

Deborah J. Smith
Deborah J. Smith