

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 479417

1. Entity Name

MEDICAL SPECIALISTS OF FORT LAUDERDALE, P.A.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90121 038 ***150.00

Principal Place of Business 4900 W. OAKLAND PARK BLVD. LAUDERDALE LAKE FL 33313	Mailing Address DAVID RASKIN M.D. 3444 N. UNIVERSITY DR. SUNRISE TOWN CENTER SUNRISE FL 33351
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2. Principal Place of Business 3444 N. University Dr. Suite, Apt. #, etc. Sunrise Town Center City & State Sunrise, FL Zip 33351	3. Mailing Address Suite, Apt. #, etc. City & State City Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1593999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RASKIN, DAVID B 4900 W. OAKLAND PARK BLVD. #303 LAUDERDALE LAKES FL 33313	7. Name and Address of New Registered Agent Name RASKIN, DAVID B. Street Address (P.O. Box Number is Not Acceptable) 3444 N. University Dr. Sunrise Town Center City Sunrise FL Zip Code 33351
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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 David B. Raskin PD DATE 1/20/2000
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPLAN, DANIEL 4900 W. OAKLAND PARK BVD LAUDERDALE LAKES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RASKIN, DAVID 4900 W. OAKLAND PK BL LAUDERDALE LAKES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RASKIN, David 3444 N. University Dr. Sunrise, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
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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: David B. Raskin DATE 1/20/2000 DAYTIME PHONE # (954) 747-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR