

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90130 043 \*\*\*150.00

**DOCUMENT # 486153**

1. Entity Name  
**HARTLEY A. SCHWARTABERG, D.O., P.A.**



Principal Place of Business  
**900 S. LAKE DASHA DR**  
**FORT LAUDERDALE FL 33324**

**9000**

Mailing Address  
**900 S. LAKE DASHA DR**  
**FORT LAUDERDALE FL 33324**

**30005306**



2. Principal Place of Business  
**9000 S. Lake Dasha Dr.**

3. Mailing Address  
**9000 S. Lake Dasha Dr.**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Plantation FL**

City & State  
**Plantation FL**

4. FEI Number  
**59-1621443**

Applied For  
Not Applicable

Zip  
**33324**

Country  
**USA**

Zip  
**33324**

Country  
**USA**

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

**SCOTT, HOWARD F.**  
**2655 LEJEUNE RD #500 GABLES PLAZA.**  
**CORAL GABLES FL 33134**

Name  
**Hartley A. Schwartzberg, D.O.**  
Street Address (P.O. Box Number is Not Acceptable)  
**9000 S. Lake Dasha Dr.**  
City  
**Plantation, FL** Zip Code  
**33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
**Hartley A. Schwartzberg**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required with reinstating)  
**Hartley A. Schwartzberg, D.O. 1/6/03**  
DATE  
**President**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST SCHWARTZBERG, HARTLEY 6188 MIRAMAR PARKWAY MIRAMAR, FL 00000</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Hartley A. Schwartzberg**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/03**  
Date

**(954) 4728209**  
Daytime Phone #

CR2E034 (10/02)