

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 540870

1. Entity Name

FINGERER AND ROFFMAN, M.D., P.A.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90084 043 ***150.00

Principal Place of Business

3001 N.W. 49TH AVE.
LAUDERDALE LAKES FL 33313

Mailing Address

3001 N.W. 49TH AVE.
LAUDERDALE LAKES FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1751625

Applied For

Not Applicable

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

FINGERER, WALTER M.
3001 N.W. 49TH AVENUE
LAUDERDALE LAKES FL

Name

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

City

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 re-registering)

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
ROFFMAN, GEORGE D., M.D.
3001 NW 49TH AVENUE
LAUDERDALE LAKES FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
FINGERER, WALTER M.
3001 NW 49TH AVENUE
LAUDERDALE LAKES FL ☐ Delete

TITLE
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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:

Walter M. Fingerer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-484-
5445

CR2E034 (10/00)