

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 552358

1. Entity Name

PAUL J. HERSCH, M.D.,P.A.

R

Principal Place of Business

4959 NORTH STATE ROAD 7  
TAMARAC FL 33319

Mailing Address

4959 NORTH STATE ROAD 7  
TAMARAC FL 33319

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

59-1779735

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

HERSCH, PAUL J.  
4959 NORTH STATE ROAD 7  
TAMARAC FL 33319

Name

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

City

FL

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 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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME HERSCH, PAUL J.  
STREET ADDRESS 4959 NORTH STATE ROAD 7  
CITY-ST-ZIP TAMARAC FL ☐ Delete

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

TITLE S  
NAME HERSCH, PAUL J.  
STREET ADDRESS 4959 NORTH STATE ROAD 7  
CITY-ST-ZIP TAMARAC FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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, I am empowered.

SIGNATURE:

*Signature of Paul J. Hersch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

07-26-2000 90017 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

7/14/00 305-484-8850

Attachment  
D#552358  
DW74859

PAUL J. HERSCH M.D.  
4959 N. ST. RD. 7  
TAMARAC, FL. 33319  
TELEPH. (954) 484-8850

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX. 1500  
TALLAHASSEE, FL.32302-1500

AS PER MY CONVERSATION ON JULY 18, 2000 I AM WRITING THIS LETTER  
TO INFORM YOU ONCE AGAIN THAT I NEVER RECEIVED THE FIRST  
NOTICE FOR THE FEES REQUIRED.  
AS YOU CAN VERIFY, I HAVE ALWAYS PAID THIS FEE ON TIME.  
ACCORDINGLY I RESPECTFULLY REQUEST THAT YOU ACCEPT THIS  
CHECK #6426 AS PAYMENT IN FULL.

YOURS TRULY,



PAUL J. HERSCH, M.D.  
PJH/jih