## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 594928** Jan 12, 2000 8:00 am 1. Entity Name Secretary of State NEIL A. BEINHAKER, M.D., P.A. 01-12-2000 90042 050 \*\*\*150.00 Principal Place of Business Mailing Address 4060 C SHERIDAN ST 4060 C SHERIDAN ST HOLLYWOOD FL 33021-3536 HOLLYWOOD FL 33021-3560 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1871212 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEINHAKER, NEIL A Street Address (P.O. Box Number is Not Acceptable) 4060 C SHERIDAN ST HOLLYWOOD FL 33021 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 . . 9. This corporation is eligible to satisfy its Intangible **10.** Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change PD ☐ Delete TITLE TITLE NAME NAME BEINHAKER, NEIL A STREET ADDRESS 4060 C SHERIDAN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete Change ☐ Addition NAME NAME $\mathfrak{T}^{k}$ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE

13. I hereby certify that the information supplied with this filling 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 ke enjoywered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/00

954-987-6200

Change

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Date Daytime Phor