## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 05, 2002 8:00 am Secretary of State DOCUMENT # 600367 1. Entity Name SYLVAN SCHOTZ, M.D., P.A. 05-05-2002 90062 005 \*\*\*150.00 Principal Place of Business Mailing Address 4302 ALTON ROAD 4302 ALTON ROAD 044000 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1208287 Not Applicable Zip Country \$8.75. Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ATKINSON, DINER S BLACK Y Street Address (P.O. Box Number is Not Acceptable) 200 S.E. FIRST ST., (PH) 1946 TYLER STREET HOLLYWOOD FL 33022 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 reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PSTD CR2E034 (9/01) ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHOTZ, SYLVAN NAME STREET ADDRESS 20 ISLAND AVE APT 1105 STREET ADDRESS CITY-ST-ZIF MIAMI BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP -TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT) F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

CITY-ST-ZIP