

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90038 043 ***150.00

DOCUMENT # 601129

1. Entity Name
RICHARD S. FLATT, M.D., P.A.

Principal Place of Business

**1219 EAST AVENUE SOUTH
304
SARASOTA FL 34239
US**

Mailing Address

**1219 EAST AVENUE SOUTH
304
SARASOTA FL 34239
US**

2. Principal Place of Business

**2417 Appaloosa Circle
Suite, Apt. #, etc.**

3. Mailing Address

**2417 Appaloosa Circle
Suite, Apt. #, etc.**

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34240

Country

SARASOTA

Zip

34240

Country

SARASOTA

4. FEI Number **59-1264087**

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

**FLATT, RICHARD S
1219 EAST AVENUE SOUTH SUITE 304
SARASOTA FL 34239**

Name

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

2417 Appaloosa Circle

City **SARASOTA**

FL

Zip Code **34240**

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 \$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 11

TITLE **SPD** ☐ Delete
NAME **FLATT, RICHARD S**
STREET ADDRESS **1219 EAST AVENUE SOUTH SUITE 304**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☒ Change ☐ Addition
NAME **2417 Appaloosa Circle**
STREET ADDRESS **SARASOTA, FL 34240**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)