## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 604236** Aug 16, 2000 8:00 am Secretary of State 1. Entity Name ROBERT E. BOYETT M.D. PROFESSIONAL ASSOCIATION 08-16-2000 90002 011 \*\*\*150.00 Principal Place of Business Mailing Address 8965 SW 87TH, COURT BOYETT, ROBERT E. 9600 S. W. 103RD ST. SUITE 214 MIAM! FL 33176 MIAMI FL 33176 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1454417 Not Applicable Zip Country 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 ROBERT E. BOYETT Street Address (P.O. Box Number is Not Acceptable) SW 103 STREET **MIAMI FL 33176** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE BOYETT, ROBERT E. NAME NAME STREET ADDRESS STREET ADDRESS 9600 SW 103RD STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 Change ■ Addition TITLE ☐ Delete TITLE **BOYETT, JUDY Y** NAME NAME STREET ADDRESS 9600 SW 103 STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33176 ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition

attachment 423673657

## Robert S. Ellenbogen, CPA, P.A. CERTIFIED PUBLIC ACCOUNTANT 14645 NW 77 AVENUE, SUITE 104 MIAMI LAKES, FL. 33014

ROBERT S. ELLENBOGEN, CPA

PHONE (305) 557-5266 FAX (305) 823-7631

July 28, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

RE: Robert E. Boyett M.D. P.A. Annual Corporation Filing Fee

To Whom It May Concern:

I am writing to you at the request of the above corporation regarding the annual filing fee. My client insists they never received the first notice from you, which requires a \$150.00 filing fee if filed by May 1. The corporation has been in existence since 1973, and has always timely filed and paid the appropriate fees. Based upon twenty-seven years as a Florida corporation in good standing we ask that you accept a check in the amount of \$150.00 as payment in full for the year 2000 corporate filing fee.

If you have any questions, please feel free to contact me.

Very truly yours,

Robert S. Ellenbogen, CPA

Encl.

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