

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 605073

1. Entity Name

GEORGE F. WELSCHER, M.D., PROFESSIONAL ASSOCIATI

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

01-26-2000 90042 026 ***150.00

Principal Place of Business

1500 NORTH DIXIE HIGHWAY
SUITE 300
WEST PALM BEACH FL 33401

Mailing Address

1500 NORTH DIXIE HIGHWAY
SUITE 300
WEST PALM BEACH FL 33401-2717

2. Principal Place of Business

5601 CORPORATE WAY

Suite, Apt. #, etc.

SUITE 115

3. Mailing Address

5601 CORPORATE WAY

Suite, Apt. #, etc.

SUITE 115



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

4. FEI Number

59-1516720

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELSCHER (GEORGE F.)
1500 NORTH DIXIE HIGHWAY
SUITE 300
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

SAME

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

5601 CORPORATE WAY
SUITE 115

City

WEST PALM BEACH

FL

Zip Code

33407

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, 2000 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

TITLE PD
NAME WELSCHER (GEORGE F.), MD
STREET ADDRESS 1500 N. DIXIE HWY #300
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE S
NAME WELSCHER, BEATRICE
STREET ADDRESS 1500 N. DIXIE HWY #300
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 5601 CORPORATE WAY SUITE 115
CITY-ST-ZIP WEST PALM BEACH, FL. 33407

TITLE SAME ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 5601 CORPORATE WAY SUITE 115
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

George F. Welscher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George F. Welscher M.D. 1-24-2000 561-615-8883