

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90337 002 \*\*\*150.00

**DOCUMENT # 627732**

1. Entity Name  
**ELI PORTH, D.O., P.A.**

Principal Place of Business  
**1120 SEMORAN BLVD  
 CASSELBERRY FL 32707**

Mailing Address  
**1120 SEMORAN BLVD  
 CASSELBERRY FL 32707**

40589



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1918218**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PORTH, ELI, D.O.  
 1120 SEMORAN BLVD.  
 CASSELBERRY FL 32707**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PVT** ☐ Delete  
 NAME **PORTH, ELI, D.O.**  
 STREET ADDRESS **1120 SEMORAN BLVD.**  
 CITY-ST-ZIP **CASSELBERRY FL**

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

TITLE **SD** ☐ Delete  
 NAME **PORTH, INA**  
 STREET ADDRESS **1120 SEMORAN BLVD.**  
 CITY-ST-ZIP **CASSELBERRY FL**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 (4/02)

Attachment 40589  
ELI PORTH, D.O., P.A.  
LAKE HOWELL SQUARE  
1120 SEMORAN BOULEVARD  
CASSELBERRY, FLORIDA 32707

TELEPHONE (407) 678-8000  
FAX (407) 678-7763

OTOLARYNGOLOGY  
HEAD & NECK SURGERY

DIPLOMATE  
AMERICAN BOARD OF OTOLARYNGOLOGY  
HEAD & NECK SURGERY

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

July 30, 2002

Subject: Eli Porth, D.O., P.A.  
Reference Number: 627732

To Whom It May Concern,

This letter is being written per advice from your office to explain why our fee to file the profit report/uniform business report was late. We never received the first request in the mail. If you were to check on our history of payment for this fee over the past 20 years, you would see that there has never been a problem. Our payment history is perfect. We have not moved and made no changes in our corporation. Therefore, we are asking that the increase fee for filing to \$550 be waived. We look forward to hearing from your office and resolving this matter.

Thank you.



Eli Porth, D.O.