FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91408 029 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 629987

1. Entity Name
BRUCE E. PLATZEK MD PA

DO NOT WRITE IN THIS SPACE

20041122

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2. Principal Place of Business	3. Mailing Address
1701 SE HILLMOOR DR.	2966 N.E. ACACIA LN
Suite, Apt. #, etc. # A-1	Suite, Apt. #, etc.
City & State PT. ST LUCIE, FL.	City & State JENSEN BCH, FL
Zip 34952 Country USA	Zip 34957 Country USA

4. FEI Number 59-1972544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PLATZEK, BRUCE E.

Street Address (P.O. Box Number is Not Acceptable): 1701 SE HILLMOOR DR.

SUITE A-1

City: PT. ST LUCIE FL Zip Code: 34952

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $350.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PLATZEK, BRUCE E.
STREET ADDRESS	2966 NE ACACIA LN
CITY-ST-ZIP	JENSEN BCH FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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11.

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

BRUCE E. PLATZEK

SIGNATURE: Bruce Platzek PRES 5/1/03 772-878-4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #