## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 652440**

## FILED Jan 18, 2000 8:00 am Secretary of State

01-18-2000 90052 002 \*\*\*150.00

<u></u> .	A P. M. C. P. J.
incinal Place of Rusiness	Mailing Aggress

P.O. BOX 276070 800 MEADOWS ROAD **BOCA RATON FL 33486** BOCA RATON FL 33427-6070 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

C0004249



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 59-1963499 Not 4 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

ARONSOHN, RICHARD S., M.D. 5755 NW 40TH TERR **BOCA RATON FL 33496** 

RICHARD S. ARONSOHN, M.D., P.A.

7. Name and Address of New Registered Agent

RICHARD S. ARONSOHN

Street Address (P.O. Box Number is Not Acceptable)
842 NE 76 57.

BOLA RATON

33487

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 _	Lilliard & Cerounter	Ric
	Signature, typed or printed name of registered agent and title if applicable.	(NI

HARD S. ARONSOHN

5 TAN 00

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. RICHARO S. ARONSOHN ☐ Delete TITLE ARONSOHN, RICHARD NAME 842 NE 76 TH ST. STREET ADDRESS **5755 NW 40TH TERR** STREET ADDRESS BOCA RATON FL. 33487 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33496** CYNTHIA Y. ARONSOHN ☐ Delete TITLE TITLE ARONSOHN, CYNTHIA Y NAME NAME 842 NE 76 TH ST. STREET ADDRESS 5755 NW 40TH TERR STREET ADDRESS CITY-ST-ZIP KATON, FL. 33487 **BOCA RATON FL 33496** CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE

NAME

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE

☐ Change

☐ Change

—

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE NAME

STREET ADDRESS

RICHARD S. ARONSOHN