

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734931

1. Entity Name

WEST BROWARD PHYSICIANS ASSOCIATION, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90041 042 ****61.25

Principal Place of Business

Mailing Address

C/O GEORGE A. LUSTIG, M.D.
4699 N. STATE ROAD 7
TAMARAC FL 33319

C/O GEORGE A. LUSTIG, M.D.
4699 N. STATE ROAD 7
TAMARAC FL 33319-5879

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0121105

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

STERNBERG, BERNARD
7515 W. OAKLAND PARK BLVD #102
LAUDERHILL FL 33319-1909

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME LUSTIG, GEORGE A. M.D.
STREET ADDRESS 4699 NORTH STATE ROAD 7
CITY-ST-ZIP TAMARAC FL

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

TITLE STD ☐ Delete
NAME SIDNEY, SONTAG, M.D.
STREET ADDRESS 7351 W OAKLAND PK BLVD.
CITY-ST-ZIP LAUDERHILL FL

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

TITLE D ☐ Delete
NAME STERNBERG, BERNARD
STREET ADDRESS 7491 W OAKLAND PARK BLVD., #301
CITY-ST-ZIP LAUDERHILL FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)