

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02697**

1. Entity Name

ELIEZER J. LIVNAT, M.D., INC.

Principal Place of Business

4900 W. OAKLAND PARK BLVD., STE. 301

LAUDERDALE LAKES

FL

Mailing Address

4651 SHERIDAN ST.

SUITE 400

HOLLYWOOD

33021

FL

2. Principal Place of Business

4100 SOUTH HOSPITAL DRIVE

3. Mailing Address

4651 SHERIDAN STREET

Suite, Apt. #, etc.

SUITE 209

Suite, Apt. #, etc.

SUITE 400

City &amp; State

PLANTATION

FL

City &amp; State

HOLLYWOOD

FL

Zip

33317

Country

Zip

33021

Country

4. FEI Number

59-2026426

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MARTUS JAY AESQ  
4651 SHERIDAN ST.  
SUITE 400  
HOLLYWOOD  
33021 US

FL

## 7. Name and Address of New Registered Agent

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)

04/27/2000

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 VPS ☐ Delete  
NAME MARTUS JAY A  
STREET ADDRESS 4651 SHERIDAN ST., STE. 400  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE COOD ☐ Delete  
NAME SCHUNDLER MICHAEL  
STREET ADDRESS 4651 SHERIDAN ST., STE. 400  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE EVPD ☐ Delete  
NAME GOLD LEWIS  
STREET ADDRESS 4651 SHERIDAN ST., STE. 400  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE PD ☐ Delete  
NAME EISENBERG MITCHELL  
STREET ADDRESS 4651 SHERIDAN ST., STE. 400  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VP ☒ Delete  
NAME LIVNAT ELIEZER JMD  
STREET ADDRESS 4900 W OAKLAND PARK BLVD, SUITE 301  
CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE CFOD ☒ Change ☐ Addition  
NAME COWARD ROBERT  
STREET ADDRESS 4651 SHERIDAN ST., STE. 400  
CITY-ST-ZIP HOLLYWOOD FL 33021

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

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

TITLE ☐ Change ☐ Addition  
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

ELIEZER J. LIVNAT, M.D., INC.

VPS

04/27/2000