## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 12, 2000 8:00 am **DOCUMENT # F11629 Secretary of State** 1. Entity Name HERBERT L. WACHTEL, M.D., P.A. 01-12-2000 90024 015 \*\*\*150.00 Principal Place of Business Mailing Address 500 NE KAY TERRACE 500 NE KEY TERRACE BOCA RATON FL 33432 **BOCA RATON FL 33432-2946** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2051938 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WACHTEL, HERBERT L., M.D. Address (P.O. Box Number is Not Acceptable) 909 PALM TRAIL DELRAY BEACH FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Wachtel, Herbert L. MD WACHTEL, HERBERT L., MD NAME Toca Raton, Floride 3>432 Sachtel, Lenore Cange Change STREET ADDRESS 909 PALM TRAIL STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL CITY-ST-7IP ☐ Delete TITLE TITLE WACHTEL, LENORE E NAME NAME ace Raton, Floride 33432 STREET ADDRESS STREET ADDRESS % 909 PALM TRAIL CITY-ST-ZIP CITY-ST-7IP DELRAY BEACH FL Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ···· □ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP L \* 1.500 Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.