

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F25100

1. Entity Name

H. MICHAEL BASS, M.D., F.A.C.S., P.A.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90008 028 ***150.00

Principal Place of Business

Mailing Address

2855 UNIVERSITY DR #400
CORAL SPRINGS FL 33065

2855 UNIVERSITY DR #400
CORAL SPRINGS FL 33308-4610

2. Principal Place of Business

4875 N. FEDERAL HWY

3. Mailing Address

4875 N. FEDERAL HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 500

STE. 500

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33308

USA

33308

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2096535

Applied For

Not Applicable

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

BASS, H MICHAEL, M.D.
2855 UNIVERSITY DRIVE
SUITE 400
CORAL SPRINGS FL 33065

Name

H. MICHAEL BASS, M.D.
Street Address (P.O. Box Number is Not Acceptable)

4875 N. FEDERAL HWY., STE. 500

City

FT. LAUDERDALE

FL

Zip Code

33308

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

H. MICHAEL BASS, M.D.

4/11/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

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

\$5.00 May Be

Trust Fund Contribution

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP	BASS, H MICHAEL	2855 UNIVERSITY DR.#400	CORAL SPRINGS FL	<input type="checkbox"/>			4875 N. FEDERAL HWY., STE. 500	FT. LAUDERDALE, FL 33308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 supplementary 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 registered agent 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:

H. MICHAEL BASS, PRES. 4/11/00 (954) 267-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)