

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90054 025 \*\*\*150.00

**DOCUMENT # F47273**

1. Entity Name

**LOUIS WASSERMAN, O.D., P.A.**

00016226

Principal Place of Business

Mailing Address

% LOUIS WASSERMAN  
 9690 WEST SAMPLE ROAD  
 CORAL SPRINGS FL 33065

% LOUIS WASSERMAN  
 9690 WEST SAMPLE ROAD  
 CORAL SPRINGS FL 33065-4046

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2124942**

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75**  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WASSERMAN, LOUIS**  
**9690 WEST SAMPLE ROAD**  
**CORAL SPRINGS FL 33065**

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

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**  
 Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WASSERMAN, LOUIS, O.D. 9690 WEST SAMPLE ROAD CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSERMAN, LOUIS, O.D. 9690 WEST SAMPLE ROAD CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> 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 12, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 954-7520  
 Daytime Phone #