

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000807

1. Entity Name

LESLIE HUSZAR, M.D., P.S.C.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90108 036 ***150.00

Principal Place of Business

Mailing Address

~~1485 37TH ST STE 111~~
 VERO BEACH FL 32960

~~1485 37TH ST STE 111~~
 VERO BEACH FL 32960-7302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

777 37TH STREET

777 37TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-108

D-108

City & State

City & State

VERO BEACH

VERO BEACH

Zip

Country

Zip

Country

FL

32960

FL

32960

4. FEI Number

61-1101257

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

HUSZAR, LESLIE MD

~~1485 37TH ST STE 111~~
 VERO BEACH FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

777 37TH STREET

D-108

City VERO BEACH FL Zip Code 32960

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 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME HUSZAR, LESLIE MD
 STREET ADDRESS ~~1485 37TH ST STE 111~~ 777 37th St D108
 CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE ST ☐ Delete
 NAME HUSZAR, KATHY
 STREET ADDRESS ~~1485 37TH ST STE 111~~ 777 37th St D108
 CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2000

Date

Daytime Phone #

561
 563 2220

CR2E034 (9/99)