

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000807

1. Entity Name

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

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90004 006 ***150.00

Principal Place of Business

777 37TH ST
D108
VERO BEACH FL 32960

Mailing Address

777 37TH ST
D108
VERO BEACH FL 32960

801245



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

787 37TH ST

3. Mailing Address

787 37TH ST

Suite, Apt. #, etc.

E120

Suite, Apt. #, etc.

E120

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

61-1101257

Applied For

Not Applicable

Zip

Country

32960

Zip

Country

32960

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

~~777 37TH STREET~~
VERO BEACH FL 32960

787 37TH ST, SUITE E120

Name

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

787 37TH ST, SUITE E120

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/01

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS HUSZAR, LESLIE
CITY-ST-ZIP ~~777 37TH ST D108~~ 787 37TH ST E120
VERO BEACH FL 32960

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS HUSZAR, KATHY
CITY-ST-ZIP ~~777 37TH ST D108~~ 787 37TH ST E120
VERO BEACH FL 32960

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

Date

Daytime Phone #

561 563 2220

CR2E034 (10/00)