

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # F96814

1. Entity Name

BOHDAN MOROZ, M.D., P.A.

FILED

00 JUL 24 AM 8:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2001 N.E. 48 COURT
STE #2
FT. LAUDERDALE FL 33308
US

Mailing Address

P.O. BOX 5736
LIGHTHOUSE POINT FL 33074
US

HOME ADDRESS

2. Principal Place of Business

Not available

3. Mailing Address

250 Compass DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FORT LAUDERDALE

City & State

City & State

FLA

4. FEI Number

59-2210655

Applied For

Not Applicable

Zip

Country

Zip

33308

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOROZ, BOHDAN
2001 NE 48 CT #2
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PDST MOROZ, BOHDAN MD 2001 NE 48 CT #2 FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

300003349883--0
-08/08/00--01091--004
****150.00 ****150.00

CR2E034 (5/00)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.18.00

Date

Daytime Phone #

KE

Bohdan Moroz, M.D., P.A.
Physical Medicine & Rehabilitation
P.O. Box 5736
Lighthouse Point, Florida 33074
(954) 491-6681

2 of 2

250 COMPASS DR
FORT LAUDERDALE
FLA 33308

July 18, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

This letter is a follow up with my conversation with your office personnel on July 17, 2000 concerning my professional corporation.

Since January 1, 1999, I closed my office and discontinued my private practice for health reasons and became an employee of Holy Cross Hospital.

I would like to request acceptance of a check for \$ 150 as payment in arrears and close my corporation because I do not expect any income from it in the future and on the advice from your office.

Please feel free to contact me at 954- 771-3036 for any questions.

Yours truly,


Bohdan Moroz, MD