

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90010 041 ***150.00

DOCUMENT # G37736

1. Entity Name
ROBERT FINK, M.D. PROFESSIONAL ASSOCIATION

Principal Place of Business Mailing Address
2 KINGSTON CT. **2 KINGSTON CT.**
STUART FL 34996 **STUART FL 34996-6331**

00005210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2316108		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FINK, ROBERT M.D. 2 KINGSTON CT. STUART FL 33494				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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINK, ROBERT			NAME			
STREET ADDRESS	2 KINGSTON CT.			STREET ADDRESS			
CITY-ST-ZIP	STUART FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINK, ROBERT			NAME			
STREET ADDRESS	2 KINGSTON CT.			STREET ADDRESS			
CITY-ST-ZIP	STUART FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Robert Fink, M.D. PA* Date: 1-6-00 Daytime Phone #: 561-2831183

CRE034 (9/99)