

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G43569**

1. Entity Name

VEIN CLINIC OF CENTRAL FLORIDA, P.A.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90042 014 ***550.00

Principal Place of Business

167-A LOOKOUT PL
MAITLAND FL 32751
US

Mailing Address

P.O. BOX 2951
WINTER PK FL 32790
US

2. Principal Place of Business:

480 N. Orlando Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite 118

City & State

Winter Park FL

City & State

Zip

Country

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DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2294968

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

KAPLAN, BARRY J., D.O.
1195 LAKEVIEW DR
WINTER PK FL 32789

Name

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

3080 Coral Vike Ln.

City

Winter Park

FL

Zip Code

32792

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] **BJ Kaplan, D.O.**

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 **PD** ☐ Delete
NAME **KAPLAN, BARRY J DO**
STREET ADDRESS **1195 LAKEVIEW DR**
CITY-ST-ZIP **WINTER PK FL**

TITLE **VP** ☒ Delete
NAME **KEY-KADAY, L A**
STREET ADDRESS **1195 LAKEVIEW DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3080 Coral Vike Ln.**
CITY-ST-ZIP **Winter Park FL 32792**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 647 4411

CR2E034 (5/00)