

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G58545

1. Entity Name

PETER H. WENDSCHUH, M.D., P.A.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90024 021 ***150.00

Principal Place of Business

7000 SW 62 AVE
 S320
 S MIAMI FL 33143
 US

Mailing Address

7000 SW 62 AVE
 S320
 S MIAMI FL 33143-4716
 US

2. Principal Place of Business

7330 SW 62 PL

3. Mailing Address

7330 SW 62 PL

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

S. MIAMI, FL

City & State

S. MIAMI, FL

Zip

33143 USA

Zip

33143 USA

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2324464

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

WENDSCHUH, PETER H., M.D.

7000 SW 62 AVE
 STE 020
 S MIAMI FL 33143

7330 SW 62 PL
 # 200

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

4/24/00

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 NAME STREET ADDRESS CITY-ST-ZIP	P WENDSCHUH, PETER H 10700 SW 98TH CT MIAMI, FL 00000	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

305-666-6731

Date

Daytime Phone #

CR2E034 (9/99)