

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90055 043 ***150.00

DOCUMENT # G64348

1. Entity Name

ROSANN SCHWARTZ, M.D., P.A.

Principal Place of Business

Mailing Address

700 SECOND AVE., N.
 #304
 NAPLES FL ~~99940~~
 US

700 SECOND AVE., N.
 #304
 NAPLES FL 34102-5702
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2331295

Applied For

Not Applied

Zip

Country

Zip

Country

34102

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

SCHWARTZ, ROSANN, M.D., P.A.
700 SECOND AVE., N.
NAPLES FL ~~99940~~

Name

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

City

FL

Zip Code

34102

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 \$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 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PST**
 STREET ADDRESS **SCHWARTZ, ROSANN, M.D.**
 CITY-ST-ZIP **700 SECOND AVE., N. #304**
NAPLES FL

TITLE ☐ Change **24**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **34102**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SCHWARTZ, ROSANN, M.D.**
 CITY-ST-ZIP **700 SECOND AVE., N. #304**
NAPLES FL

TITLE ☐ Change **24**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **34102**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **SCHWARTZ, RICHARD**
 CITY-ST-ZIP **700 SECOND AVE., N. #304**
NAPLES FL

TITLE ☐ Change **19**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **34102**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Schwartz **RICHARD SCHWARTZ** 1/27/00 941-261-8;
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #