

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90101 041 \*\*\*150.00

**DOCUMENT # H01884**

1. Entity Name

**D. ROLAND RICHMOND, M.D., P.A.**

Principal Place of Business

Mailing Address

C/O D. ROLAND RICHMOND  
 7420 N.W. 5TH ST., SUITE 103  
 PLANTATION FL 33317-1626

C/O D. ROLAND RICHMOND  
 7420 N.W. 5TH ST., SUITE 103  
 PLANTATION FL 33317-1611

2. Principal Place of Business

3. Mailing Address

**4204 LAUREL RIDGE CIRCLE**  
 Suite, Apt. #, etc.

**4204 LAUREL RIDGE CIRCLE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

**WESTON FL**

**WESTON FL**

4. FEI Number

**59-2427372**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33331**

**USA**

**33331**

**USA**

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

**RICHMOND, D. ROLAND**  
**7420 N.W. 5TH STREET**  
**SUITE 103**  
**PLANTATION FL 33317-8626**

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 \$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	<input type="checkbox"/> Delete
	<b>DP</b>			
	<b>RICHMOND, D. ROLAND</b>	<b>7420 N.W. 5TH ST.</b>	<b>PLANTATION FL</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>4204 LAUREL RIDGE CIRCLE</b>	<b>WESTON FL 33331</b>		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Roland Richmond*

*5/27/00*

CR2E034 (9/99)