

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90035 005 \*\*\*150.00

**DOCUMENT # H33251**

1. Entity Name

**RICHARD BLANCHAR, M.D., P.A.**

Principal Place of Business

4401 W TRADEWINDS AVE  
 THIRD FLOOR  
 FORT LAUDERDALE FL 33308

Mailing Address

4401 W TRADEWINDS AVE  
 THIRD FLOOR  
 FORT LAUDERDALE FL 33308-4463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0115432**

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

**SCHANTZ, HALE E**  
**1900 NORTH UNIVERSITY DR STE 208**  
**PEMBROKE PINES, FL**  
**PEMBROKE PINES FL 33024**

Name

*Hale Schantz*

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

*1565 North Park Drive, Suite 100*

City

*Wester*

**FL**

Zip Code

*33326*

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*2/2/00*

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 |
|-------|-------------------|---|-------------------|---------------------------------|
| PS    | BLANCHAR, RICHARD | 4401 WEST TRADEWINDS AVENUE THIRD FLOOR | LAUDERDALE BTS FL | <input type="checkbox"/>        |
|       |                   |   |                   | <input type="checkbox"/>        |
|       |                   |   |                   | <input type="checkbox"/>        |
|       |                   |   |                   | <input type="checkbox"/>        |
|       |                   |   |                   | <input type="checkbox"/>        |
|       |                   |   |                   | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 empowers.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/2/00*

Date

*9547766993*

Daytime Phone #

CR2E034 (9/99)