

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J33399

1. Entity Name

DAVID L. SUGERMAN, M.D., P.A.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90070 032 ***150.00

Principal Place of Business

11013 BOSTON DRIVE
COOPER CITY FL 33026
US

Mailing Address

11013 BOSTON DRIVE
COOPER CITY FL 33026-4939
US

2. Principal Place of Business

11013 BOSTON DR.
Suite, Apt. #, etc.

3. Mailing Address

11013 BOSTON DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

COOPER CITY, FL

City & State

COOPER CITY, FL

4. FEI Number

59-2723650

Applied For

Not Applicable

Zip

33026

Country

US

Zip

33026

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUGERMAN, DAVID L., M.D.
11013 BOSTON DR.
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME SUGERMAN, DAVID L., MD
STREET ADDRESS 11013 BOSTON DR.
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/23/00

Daytime Phone #

954 438 0056

CR2E034 (9/99)