

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90066 006 ***150.00

DOCUMENT # J64695

Entity Name

LAWRENCE M. KORPECK M.D., P.A.

Principal Place of Business

Mailing Address

~~9980 CENTRAL PARK BLVD.~~
~~BOCA RATON FL 33428~~

9980 CENTRAL PARK BLVD.
 STE 204
 BOCA RATON FL 33428-1703

LUUJ8443



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

200 GLADYS RD #1A

200 GLADYS RD #1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FL

BOCA RATON FL

4. FEI Number

59-2788943

Applied For

Not Applicable

Zip

Country

33428

PAW Korpeck

Zip

Country

33428

PACH BOCK

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

Name

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

City

FL

Zip Code

KORPECK, LAWRENCE M.

~~9980 CENTRAL PARK BLVD #204~~

~~BOCA RATON FL 33428~~

200 GLADYS RD

BOCA RATON, FL

33428

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD KORPECK, LAWRENCE M. 9980 CNTRL PK BLVD N 204 BOCA RATON FL	<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"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 #

12/28/00 3014161272

CR2E034 (9/99)