

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

06-20-2000 90006 014 \*\*\*150.00

DOCUMENT # K04994

1. Entity Name

STEVEN R. HORNREICH, M.D. P.A.

(R)

Principal Place of Business

Mailing Address

843 HAVANA DRIVE
BOCA RATON FL 33487-4120

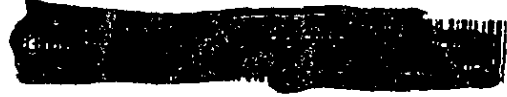
843 HAVANA DRIVE
BOCA RATON FL 33487-4120

2. Principal Place of Business

3. Mailing Address

21255 Falls Ridge Way
Boca Raton, FL 33428

21255 Falls Ridge Way
Boca Raton, FL 33428



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65-0014092

Applied For
Not Applicable

Zip Country

Zip Country

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

HORNREICH, STEVEN R.
843 HAVANA DRIVE
BOCA RATON FL 33487

Name: Steven R. Hornreich
Street Address: 21255 Falls Ridge Way
Boca Raton, FL 33428
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.

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

Table with columns for Officers and Directors (Block 11) and Additions/Changes (Block 12). Includes fields for Title, Name, Street Address, City, ST, ZIP. Includes checkboxes for Delete, Change, Addition.

CR: 304 (8/17)

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...

SIGNATURE:

Signature of Steven R. Hornreich

561-496-0604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Handwritten signatures and dates at the bottom of the page.

DOC # K04994

309204

STEVEN R. HORNREICH, M.D., F.A.C.C.

CARDIOLOGY AND INTERNAL MEDICINE

THE KINGS POINT PROFESSIONAL BUILDING  
15127 CARTER ROAD, SUITE #201  
DELRAY BEACH, FLORIDA 33446

(561) 496-0604



Aug 9, 00

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Ref # K04994

Dear Sirs,

Enclosed is a copy of the letter I received requesting a late fee of \$400.- I have already paid \$150.- back in June. I had already written before explaining why this was late and after just speaking to your office today they said the letter was pulled off the form.

Please accept my apology for this lateness but as I've explained before, we had moved 3x in the last 8 months waiting for a house to be built. This original notice was sent to the wrong address after I informed you that I was moving. Please review this and if you have any further questions please contact me.  
Thank you.

New Address is:  
1255 Falls Ridge Way  
P.O. Box FL 33420 tel #561-451-8060

Sincerely,  
S. R. Hornreich