

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K13080

1. Entity Name

LAUDERDALE GYNECOLOGIC ASSOCIATES, P.A.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90050 023 ***150.00

Principal Place of Business

Mailing Address

% STRATTON N. STERGHOS
201 N.W. 82ND AVE., #104
PLANTATION FL 33324

% STRATTON N. STERGHOS
201 N.W. 82ND AVE., #104
PLANTATION FL 33324-1853

2. Principal Place of Business

3. Mailing Address

c/o Stratton N. Sterghos, Jr., M.D.

c/o Stratton N. Sterghos, Jr., M.D.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201 N.W. 82nd Ave., #104

201 N.W. 82nd Ave., #104

City & State

City & State

Plantation, FL

Plantation, FL

Zip

Country

Zip

Country

33324

USA

33324

USA

4. FEI Number

65-0030777

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

STERGHOS, STRATTON N.
201 N.W. 82ND AVE., #104
PLANTATION FL 33324

Name

Jeffrey L. Cohen, Esq.

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

54 N.E. Fourth Avenue

City

Delray Beach

FL

Zip Code

33483

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)

3/16/2000

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PD	STERGHOS, STRATTON N. MD	201 NW 82ND AVE., #104	<input checked="" type="checkbox"/>		P/D	Sterghos, Stratton N. Jr., M.D.	201 N.W. 82nd Avenue, #104	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		PLANTATION FL					Plantation, FL 33324			
				<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"/>
				<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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stratton N. Sterghos, Jr., M.D., President

Date

3-15-2000 954-472-2201

Daytime Phone #

CR2E034 (9/99)