


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90729 009 ***150.00

DOCUMENT # **K39120**

1. Entity Name **Cindy Katanick, DO, PA**



DO NOT WRITE IN THIS SPACE

70039792

2. Principal Place of Business 350 NW 84th AVE Suite, Apt. #, etc. Suite 200 City & State Plantation, FL Zip 33324 Country USA		3. Mailing Address 350 NW 84th AVE Suite, Apt. #, etc. Suite 200 City & State Plantation, FL Zip 33324 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0077549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LAVENDER, JOEL R	
Street Address (P.O. Box Number is Not Acceptable) 507 SE 11th Court	
City H. Lauderdale	FL Zip Code 33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Katanick, Cindy, DO 350 NW 84th AVE #200 Plantation, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cindy Katanick, DO** **4/11/03 954 4244321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)