

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K60105

1. Entity Name

SOUTH FLORIDA FAMILY PHYSICIANS, P.A.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90009 021 \*\*\*150.00

Principal Place of Business

Mailing Address

5856 FLAMINGO RD.  
 5856 FLAMINGO ROAD  
 COOPER CITY FL 33330

9690 NW 39TH CT.  
 COOPER CITY FL 33024-8063

2. Principal Place of Business

12323 SW 55th Street

3. Mailing Address

12323 SW 55th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1003

Suite 1003

City & State  
 Cooper City, FL

City & State  
 Cooper City, FL

Zip  
 33330

Country  
 USA

Zip  
 33330

Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0101851

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

DAVID, DOUGLAS W. DO  
 5856 FLAMINGO RD.  
 COOPER CITY FL

Name

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

12323 SW 55th Street

Suite 1003

City

Cooper City

FL

Zip Code

33330

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME P  
 STREET ADDRESS DAVID, DOUGLAS W. DO  
 CITY-ST-ZIP 9690 NW 39TH CT  
 COOPER CITY FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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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

4/27/00

Date

954-6807200

Daytime Phone #