


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77674	
1. Entity Name DOUGLAS H. SINGER, M.D., P.A.	

Principal Place of Business 2951 NW 49 AVE SUITE 208 LAUDERDALE LKS FL 33313	Mailing Address 2951 NW 49 AVE SUITE 208 LAUDERDALE LKS FL 33313
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent
SINGER, DOUGLAS H. MD 2951 N.W. 49TH AVE. SUITE 208 LAUDERDALE LAKES FL 33313

FILED

04 FEB 13 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0119170 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**


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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, DOUGLAS H. 6040 N.W. 101 TERRACE PARKLAND FL 13307 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** 02/26/04 **Phone #** 954484

CR2E034 (4/03)

attachment

Irwin B. Freund, C.P.A./PFS
Lawrence L. Fisher, C.P.A.
Steven A. Young, C.P.A./PFS
Steven Goldston, C.P.A./PFS
Mitchell T. Katz, C.P.A.

Sara D. Jewett, C.P.A.



freund,
fisher,
goldston
& co., p.a.

Certified Public Accountants

#K 77674

10729 S.W. 104th Street
Killion Professional Village
Miami, Florida 33176
(305) 279-1288
Fax (305) 596-1372

3111 University Drive
Suite 720
Coral Springs, Florida 33065
(954) 345-8666
Fax (954) 755-3766

Please Reply To:

Coral Springs

January 19, 2004

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: 2003 Annual Uniform Business Report
Douglas H. Singer, M.D., Inc.
Federal ID# 65-0119170

To Whom It May Concern:

1. Please reinstate the about referenced corporation. The original report was never received.
2. You will also find a check in the amount of \$150.00 enclosed.

If you should have any questions please do not hesitate to give us a call.

Yours truly,

FREUND, FISHER, GOLDSTON & CO., INC.

Irwin Freund

IF:ji
Enclosure
cc: Dr. Douglas Singer