

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90296 019 ***150.00

DOCUMENT # K78312

1. Entity Name
ALAN S. ROUTMAN, M.D., P.A.

Principal Place of Business

**4875 N. FEDERAL HIGHWAY
SUITE #800
FORT LAUDERDALE FL 33308
US**

Mailing Address

**4875 N. FEDERAL HIGHWAY
SUITE #800
FORT LAUDERDALE FL 33308
US**

2. Principal Place of Business

**5601 N. DIXIE HWY
Suite, Apt. #, etc.
210**

3. Mailing Address

**5601 N. DIXIE HWY
Suite, Apt. #, etc.
210**

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE FL

Zip
33334 Country
BROWARD

Zip
33334 Country
BROWARD

4. FEI Number **65-0116670**

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

**ROUTMAN, ALAN S. M
1717 SW 9TH ST
FORT LAUDERDALE FL 33316**

Name **ALAN S. ROUTMAN**

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

1717 SE 9TH ST.

City **FORT 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.

SIGNATURE _____ (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, 2001 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 **D** ☐ Delete
NAME **ROUTMAN, ALAN S.**
STREET ADDRESS **4875 N. FEDERAL HIGHWAY SUITE #800**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **D** ☒ Change ☐ Addition
NAME **ROUTMAN, ALAN S**
STREET ADDRESS **5601 N. DIXIE HWY SUITE #210**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:  **ALAN S ROUTMAN D** 1/23/01 954-791-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)