

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002657

1. Entity Name

CORTEZ PROFESSIONAL PLAZA, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN 16 PM 1:47

Principal Place of Business

Mailing Address

530 KEY ROYALE DRIVE  
HOLMES BEACH FL 34217

530 KEY ROYALE DRIVE  
HOLMES BEACH FL 34217

*new*

2. Principal Place of Business

3. Mailing Address

ROGER DANZIGER, M.D., P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 14908  
BRADENTON, FL 34280-4908

City & State

City & State

Zip

Country

Zip

Country

*MANATEE*

4. FEI Number

65-1044034

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANZIGER, ROGER M. N.  
530 KEY ROYALE DRIVE  
HOLMES BEACH FL 34217

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME *President* ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
ROGER DANZIGER, M.D., P.A.  
P.O. BOX 14908

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
BRADENTON, FL 34280-4908

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
000003553940--2  
-01/18/01--01065--010  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-11-01 941-753-5115

CR2E083 (11/00)