

# 2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # L29656

1. Entity Name

RICHARD A. KOBY, INC.

FILED

00 SEP 20 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

3606 BRIDGE ROAD  
COOPER CITY FL 33026

Mailing Address

15700 NW 67 AVENUE  
SUITE 300  
MIAMI LAKES FL 33014  
US

2. Principal Place of Business

3. Mailing Address

7150 W. 20th Ave # 315

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Maitland, Fla. 3

Zip

Country

Zip

Country

33016

U.S.A.

4. FEI Number

65-0162219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KOBY, M.D. RICHARD A  
3606 BRIDGE ROAD  
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE **D** ☐ Delete  
NAME **KOBY, RICHARD A.**  
STREET ADDRESS **3606 BRIDGE RD.**  
CITY-ST-ZIP **COOPER CITY FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00  
Date

(305) 821-6600  
Daytime Phone #

KE

20f2

**Miami Lakes Medical Center**

7150 West 20th Avenue SUITE 315  
HIALEAH, FLORIDA 33016  
(305)-821-6600; FAX (305)-822-2688

**Pembroke Lakes Medical Center**

18219 PINES BOULEVARD  
PEMBROKE PINES, FLORIDA 33029  
(954)-436-1212; FAX (954)-435-5444

Family Medicine \* Primary Care

BRIAN A. ZALIS, M.D., F.A.A.F.P.  
RICHARD A. KOPY, M.D., F.A.A.F.P.  
NATHALIE KOENIG D.O.

September 11, 2000

Florida Department of State

Division of Corporations

Post Office Box 6327

Tallahassee, Florida 32314

Re: Document # L29656 (Richard A. Koby, M.D.)

To Whom It May Concern:

The enclosed check is for the sum of \$150.00. Unfortunately we moved and the notification was not received. Please accept our apologies for any inconvenience. If you have further questions, please do not hesitate to contact us at the above-referenced number, extension 3031.

Sincerely,



Liz Santana,  
Administrator,  
Miami Lakes Medical Center