

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90018 038 ***150.00

DOCUMENT # L36811

1. Entity Name

DR. PAUL GLASSMAN, P.A.

Principal Place of Business Mailing Address

1380 N.E. MIAMI GARDEN DR. same
 Ste. 140
 N.Miami Beach, FL 33179

2. Principal Place of Business
 same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0201746

Applied For

Not Applicable

Zip

Country
 USA

Zip

Country

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

Robert M. Kramer
 4000 Hollywood Blvd
 Suite 485 South
 Hollywood, FL 33021

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 \$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

TITLE DPST
 NAME Paul S. Glassman ☐ Delete
 STREET ADDRESS 1380 N.E. Miami Gardens Dr., Ste 140
 CITY - ST - ZIP N. Miami Bch., FL 33179

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
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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

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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:

Paul S. Glassman

6-29-00

305 940 9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment # 236811
B0104513



081400

David Alan Kofsky, P.A.
Certified Public Accountant

August 8, 2000

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Dr. Glassman, PA
Around the Clock - House Calls
Around the Clock - Medical Center

Please find enclosed the 2000 uniform business reports for our client listed above. We have also enclosed checks for each corporation. We request that you accept this amount as payment in full for these annual reports.

Our client had moved, and since that time has had problems receiving their mail. They received the second notices via a mail forwarding service, but the originals had not been received. The forwarded mail arrived too late for the filing deadline, and as such these reports are being sent to you at this late date.

We appreciate your attention in this matter. If you have any questions, please call.

Sincerely,

A handwritten signature in cursive script, reading 'Carol A. Nash'.

Carol A. Nash
Accountant

7/9/00

CN

encl

F:\wp\work\office\Glassman\annual reports00.wpd