

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90137 006 ***150.00

DOCUMENT # L89589

1. Entity Name
MARK D. SCHREIBER, M.D., P.A.



Principal Place of Business
MARK D SCHREIBER
101 SE 27TH AVE
BOYNTON BCH FL 33435
US

Mailing Address
MARK D SCHREIBER
101 SE 27TH AVE
BOYNTON BCH FL 33435
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0214472**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHREIBER, MARK DAVID
101 SE 27TH AVE
BOYNTON BEACH FL 33435

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. 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHREIBER, MARK D. DR. 101 SE 27TH AVE BOYNTON BEACH FL	<input type="checkbox"/> Delete
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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 like empowered.

SIGNATURE:

Signature of Mark D. Schreiber, MD

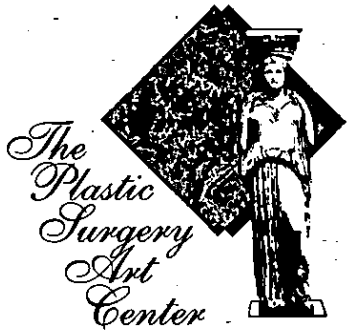
7/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (4/03)

Attachment



90148595
L89589

July 30, 2003

Division of Corporations
U.B.R. Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom it may concern:

This is the first notice that I have received for the 2003 UBR filing report, and I just received this in the mail July 20, 2003. Therefore I am requesting to have the \$400 late fee waived. Thank you for your consideration.

Sincerely,

Mark D Schreiber, MD



MEMBER
AMERICAN SOCIETY OF
PLASTIC AND RECONSTRUCTIVE
SURGEONS, INC.

MARK D. SCHREIBER M.D., F.A.C.S.
CERTIFIED, AMERICAN BOARD OF PLASTIC SURGERY

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www.schreiberplasticsurgery.com