

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M93524

1. Entity Name **GULF COAST PROFESSIONAL CENTER, INC.**

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90117 004 \*\*\*150.00

Principal Place of Business % LOUIS D. ROSENFELD 4130 TAMiami TRAIL, SUITE 100 PT. CHARLOTTE FL 33952	Mailing Address % LOUIS D. ROSENFELD 4130 TAMiami TRAIL, SUITE 100 PT. CHARLOTTE FL 33952-9207
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0106063</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**ROSENFELD, LOUIS D.**  
**4130 TAMiami TRAIL, SUITE 100**  
**PT. CHARLOTTE FL 33952**

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP ROSENFELD, LOUIS D. 4130 TAMiami TR. STE 100 PORT CHARLOTTE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GARRETT, ROBERT B. 4130 TAMiami TR. STE 100 PORT CHARLOTTE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POPPER, PAUL M. 4130 TAMiami TR. STE 100 PORT CHARLOTTE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Louis D. Rosenfeld, M.D. Date 1/27/00 Daytime Phone # 941 629-4500

CR2E034 (9/99)