

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90238 041 \*\*\*150.00

**DOCUMENT # P00000053523**

1. Entity Name  
**IVAN ACKERMAN, M.D.P.A.**

Principal Place of Business  
**C/O KENT RUNNELLS, ESO**  
**101 MAIN ST. STE A**  
**SAFETY HARBOR FL 34695**

Mailing Address  
**C/O KENT RUNNELLS, ESO**  
**101 MAIN ST. STE A**  
**SAFETY HARBOR FL 34695**



2. Principal Place of Business  
**402 Noland Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**402 Noland Drive**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**BRANDON**

City & State  
**BRANDON**

4. FEI Number **59-3650482**

Applied For  
 Not Applicable

Zip **33511** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**ACKERMAN, IVAN**  
**407 NOLAND DRIVE**  
**BRANDON FL 33511**

**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 \_\_\_\_\_ (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, 2002 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	<input type="checkbox"/> Delete
	<b>P ACKERMAN, MD, IVAN</b>	<b>402 NOLAND DRIVE</b>	<b>BRANDON FL 33511</b>	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<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
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/7/02** (813) 655-9200 Daytime Phone #

CR2E034 (9/01)