

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067463

1. Entity Name

ROBIN RAHM, M.D., P.A.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90312 043 ***158.75

Principal Place of Business

400 W MORSE BLVD. STE 210
WINTER PARK FL 32789

Mailing Address

400 W MORSE BLVD. STE 210
WINTER PARK FL 32789

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

593654810

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAHM, ROBIN M.D.
400 W MORSE BLVD, STE 210
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 registering)

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, 2001 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-STATE-ZIP
DPST
RAHM, ROBIN M.D.
400 W MORSE BLVD, STE 210
WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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CITY-STATE-ZIP

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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: *Robin Rahm M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin Rahm M.D.

Date

Daytime Phone #

1/29/01 4076227111

CR2E034 (10/00)