

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State
08-13-2001 90066 012 ***150.00

DOCUMENT # P00000069724

1. Entity Name

WAYNE C. BARISH, M.D., P.A.

Principal Place of Business

**22179 CLOCK TOWER WAY
BOCA RATON FL 33428**

Mailing Address

**22179 CLOCK TOWER WAY
BOCA RATON FL 33428**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

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

**BARISH, WAYNE C MD
22179 CLOCK TOWER WAY
BOCA RATON FL 33428**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BARISH, WAYNE C MD**
CITY-ST-ZIP **22179 CLOCK TOWER WAY
BOCA RATON FL 33428**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/02/01

561-498-4334

Tax ID # 65-1023180

Daytime Phone #

CR2E034 (5/01)

WAYNE C. BARISH, M.D., P.A.
ADVANCED EYE & LASER CENTER

Doc # *700000069724*
BOLE 1860

4800 Linton Blvd.
Suite F-107
Delray Beach, FL 33445

(561) 498-4334
(561) 498-3919 Fax

August 2, 2001

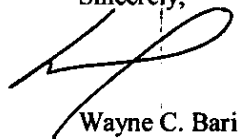
Division of Corporations
P.O. Box 6327-
Tallahassee, FL 32314

RE: Uniform Business Report
Wayne C. Barish, M.D., P.A.
Tax ID # 65-1025180

To whom it may concern:

I recently received the enclosed Uniform Business Report to complete. My Accountant advised me that I should have received the same report several months ago with a \$150.00 fee instead of \$550.00. Since I never received the first notice, I believe that my corporation should still be entitled to pay the lower fee. I have enclosed a check in the amount of \$150.00 to cover the original cost. Please confirm with me that this amount is satisfactory. If you have any questions regarding this issue, please call me at (561) 498-4334. Thank you in advance for your cooperation.

Sincerely,



Wayne C. Barish, M.D.
President

cc: Division of Corporations

WB/slm