2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90095 041 ***150.00

DOCUMENT # P00000077781

1. Entity Name
NANCY L. RICHERT, O.D., P.A.

Principal Place of Business	Mailing Address
212 BAMBOO ROAD PALM BEACH SHORES FL 33404	212 BAMBOO ROAD PALM BEACH SHORES FL 33404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	1137 ISLAND RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: RIVIERA BEACH
Zip / Country	Zip: 33404 / Country: PALM BEACH

4. FEI Number: 65-1039773 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: NANCY L. RICHERT
Street Address (P.O. Box Number is Not Acceptable): 1137 ISLAND RD
City: RIVIERA BEACH FL Zip Code: 33404

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: Nancy L Richert OD, PA   DATE: 3/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD RICHERT, NANCY L 212 BAMBOO ROAD PALM BEACH SHORES FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 1137 ISLAND RD RIVIERA BEACH FL 33404	☒ Change ☐ Addition
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CR2E034 (10/00)

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: Nancy L Richert OD, PA Nancy L. Richert, OD, PA 3/5/01 561-848-3171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #