2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090070

1. Entity Name
AMY C. KOSCHES, M.D. P.A.

FILED
Jan 25, 2001 8:00 am
Secretary of State
01-25-2001 90183 008 ***150.00

Principal Place of Business	Mailing Address
1825 NE 45TH STREET FT LAUDERDALE FL 33308	1825 NE 45TH STREET FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6499 POWERLINE ROAD	6499 POWERLINE ROAD
Suite, Apt. #, etc. 209	Suite, Apt. #, etc. 209
City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip 33309 / Country BROWARD	Zip 33309 / Country BROWARD

4. FEI Number 65-1045408 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOSCHES, AMY C
1825 NE 45TH STREET
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name AMY C. KOSCHES
Street Address (P.O. Box Number is Not Acceptable) 6499 POWERLINE Road - Suite 209
City FORT LAUDERDALE **FL** Zip Code 33309

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 AMY C. KOSCHES MD PA PRES Amy Kosches -PRES. DATE 1/16/01
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	D KOSCHES, AMY C 1825 NE 45TH STREET FT LAUDERDALE FL 33308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Amy C. KOSCHES 6499 POWERLINE Road. Suite 209 FORT LAUDERDALE, FL 33309 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Amy Kosches -PRES AMY C. KOSCHES 1/16/01 954-229-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #