

9/6/01-90008-04

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90008 041 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000115515**1. Entity Name  
**WILLIAM PENZER, PH.D., P.A.**Principal Place of Business  
**150 S UNIVERSITY DR STE A  
PLANTATION FL 33324**Mailing Address  
**150 S UNIVERSITY DR STE A  
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**651114574**

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

**PENZER, WILLIAM  
150 S UNIVERSITY DR STE A  
PLANTATION FL 33324**

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 date if applicable.

(NOTE: Registered Agent signature required when re-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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPVS  
PENZER, WILLIAM  
150 S UNIVERSITY DR STE A  
PLANTATION FL 33324** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
PENZER, WILLIAM  
150 S UNIVERSITY DR STE A  
PLANTATION FL 33324** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/30/01****954 4751371**

CP2E034 (5/01)

attachment  
of 000001555  
18552

**William Penzer, Ph.D.**

Licensed Psychologist FL #2497

[www.WILLIAMPENZERPHD.com](http://www.WILLIAMPENZERPHD.com)  
[www.anxietysource.com](http://www.anxietysource.com)

Main Office:  
150 A South University Drive  
Plantation, FL 33324  
(954) 475-1371

Fax (954) 475-1466

Satellite Office:  
2499 Glades Road #108  
Boca Raton, FL 33431  
(561) 361-1898

August 30, 2001

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please be aware that my corporation, William Penzer, Ph.D., P.A. was formed in December 2000 and incorporation papers received on December 19, 2000. To our knowledge, no Uniform Business Report was received which is why the bill wasn't paid. We are very compulsive about paying bills the same day that they arrive.

Also be aware, that on January 15, 2001 I had serious heart related medical problems requiring angioplasty that kept me out of work for a while and now has me on partial disability. It is possible that in the confusion of that time this report never came to my attention.

I am returning the report now with a check for \$150 in the hope that this will be accepted due to the above circumstances. Your cooperation and assistance is most appreciated at this difficult time in my practice.

Sincerely,

  
William Penzer, Ph.D.

Professional, Caring Assistance Since 1973

EVALUATION

COUNSELING

PSYCHOTHERAPY