

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90112 021 ***158.75

DOCUMENT # P01000020172

1. Entity Name

KEMPER MEDICAL CLINIC OF KEY BISCAYNE, INC.

Principal Place of Business

**967 CRANDON BOULEVARD
 KEY BISCAYNE FL 33149**

Mailing Address

**967 CRANDON BOULEVARD
 KEY BISCAYNE FL 33149**

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

05-1089867

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

**SCHMACHTENBERG, LEE C
 1533 SUNSET DRIVE
 SUITE 201
 CORAL GABLES FL 33143**

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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 **D** ☐ Delete
 NAME **KEMPER, ROBERT**
 STREET ADDRESS **967 CRANDON BOULEVARD**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Robert R. Kemper, JR.
 PRESIDENT


8/29/02 305-361-9313

Date

Daytime Phone #

CR2E034 (4/02)

attach

PO1000020172
 *124729*

Kemper Medical Clinic of Key Biscayne

ROBERT R. KEMPER, Jr., M.D., Ph.D.
Board Certified in Internal Medicine

August 28, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

The original notice with the deadline of May 1st was never received.

As per instruction from your customer service agent I am remitting a fee of \$150.00 which will place us in good standing with your agency.

Please advise us should this amount put us in a delinquent status. Thank you for your attention to this matter.

Sincerely,

Rosa C. Kemper

Rosa C. Kemper, RN, BSN
Practice Manager

L'Esplanade Mall
967 Crandon Boulevard
Key Biscayne, FL 33149
rrkemper@aol.com
305-361-9313