

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-10-2002 90009 001 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

P01000033897

IVAN WORTMAN, M.D., P.A. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6129 Linneal Beach Dr

3. Mailing Address

1512 S. Orange Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Apopka, FL

City & State

Orlando, FL

4. FEI Number

59-3708163

Applied For

Not Applicable

Zip

32703

Country

USA

Zip

32806

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Ivan Wortman, MD

Street Address (P.O. Box Number is Not Acceptable)

1512 S. Orange Avenue

City

Orlando

FL

Zip Code
32806

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

Ivan Wortman, MD *Ivan Wortman, MD*

Signature, typed or printed name of registered agent and state of application

(NOTE: Registered Agent signature required when reinstating)

DATE 6/17/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Ivan Wortman, MD
6129 Linneal Beach Drive
Apopka, FL 32703

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ivan Wortman, MD

Date

Daytime Phone #

407-841-5236

CR2E034B (12/01)