

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-03-2002 90185 021 ***150.00

0006591 AT

DOCUMENT # P01000113996

1. Entity Name

MARC ROSENBERG, D.O., P.A.

Principal Place of Business

Mailing Address

**10432 NW 69TH MANOR
 PARKLAND FL 33076**

**10432 NW 69TH MANOR
 PARKLAND FL 33076**

2. Principal Place of Business

9250 Glades Road

3. Mailing Address

9250 Glades Road

Suite, Apt. #, etc.

Suite 108

Suite, Apt. #, etc.

Suite 108

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33434-3958

Country

Zip

33434-3958

Country

4. FEI Number

65-1156231

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

**KAHN, HOWARD N ESQ
 P.A. PRESIDENTIAL CIR., STE. 435 S.
 4000 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33021**

Name

MARC ROSENBERG

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

9250 Glades Road

Suite 108

City

Boca Raton

FL

Zip Code

33434-3958

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/27/02

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 \$150.00
 After May 1, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **ROSENBERG, MARC**
 CITY-ST-ZIP **10432 NW 69TH MANOR
 PARKLAND FL 33076**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Delete
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 CITY-ST-ZIP

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/02

CR2E034 (9/01)