

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90150 010 ***150.00

DOCUMENT # P02000056134

1. Entity Name
MATTHEW ZIMMERMAN, PSY. D., P.A.



Principal Place of Business
2525 EMBASSY DR STE 3
COOPER CITY FL 33026

Mailing Address
2525 EMBASSY DR STE 3
COOPER CITY FL 33026



2. Principal Place of Business

915 Middle River Dr.

3. Mailing Address

915 Middle River Dr.

Suite, Apt. #, etc.

Suite 307

Suite, Apt. #, etc.

Suite 307

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33304

Country

U.S.A.

Zip

33304

Country

U.S.A.

4. FEI Number

04-3659380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

ZIMMERMAN, MATTHEW
2740 NE 5TH TERR
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

Zimmerman, Matthew

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

915 Middle River Dr.

Suite 307

City

Fort Lauderdale

FL

Zip Code

33304

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

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

President
(NOTE: Registered Agent signature required when reinstating)

4/7/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ZIMMERMAN, MATTHEW**
STREET ADDRESS **2640 NE 5TH TERRACE**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/S/T** ☒ Change ☐ Addition
NAME **Zimmerman, Matthew**
STREET ADDRESS **915 Middle River Dr. #307**
CITY-ST-ZIP **Fort Lauderdale, FL 33304**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Matthew Zimmerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03
Date

(954) 566-2166
Daytime Phone #

CR2E034 (10/02)