

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90073 012 ***150.00

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DOCUMENT # **P02000061712**

1. Entity Name
ATTICA CHANG, M.D., P.A.



Principal Place of Business
**101 SE MINZER BLVD STE 10
BOCA RATON FL 33432**

Mailing Address
**101 SE MINZER BLVD STE 10
BOCA RATON FL 33432**



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
03-0455341

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

7. Name and Address of New Registered Agent

~~CHANG, ATTICA~~
**101 SE MINZER BLVD STE 10
BOCA RATON FL 33432**

CHANG, Attica
101 S.E. Mizner Blvd
#10
BOCA RATON, FL
33432

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Attica CHANG - Pres	101 S.E. MINZER BLVD	BOCA RATON, FL 33432	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE REQUIRED ATTICA CHANG MD 7-24-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E084 (4/03)

225 n.e. Mizner Blvd., Ste. 250
Boca Raton, Florida 33432

Attachment#
80135075
PO20000061712

561 394 5100
561 750 9781 fax

www.kaufmanrossin.com

July 24, 2003

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

Re: Attica Chang, M.D., P.A.
EIN: 03-0455341

Dear Sir or Madam:

We are the accountants for the above referenced taxpayer and are writing to you on their behalf. They have just received the enclosed 2003 Uniform Business Report.

In reviewing the correspondence it appears that this is a second notice from your office, and the original report was not filed. Please be advised that prior to receipt of this notice they did not receive any other correspondence or the original report.

Enclosed is the completed Uniform Business Report along with a check in the amount of \$150.00. Kindly waive the late fee due to the fact that the original report was not received and the taxpayer was unaware of the filing requirement as this was the initial year.

Should you require any additional information, please do not hesitate to contact us.

Very truly yours,



Scott F. Berger
Principal
Kaufman, Rossin & Co.

Enclosures

Cc: Dr. A. Chang

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**KAUFMAN
ROSSIN &
CO.** PROFESSIONAL
ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS