

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90099 010 ***158.75

DOCUMENT # P02000135328

1. Entity Name

MARK J. KATZENSTEIN, M.D., P.A.



Principal Place of Business

**129 EAST REDSTONE AVE., STE. A
CRESTVIEW FL 32539**

Mailing Address

**129 EAST REDSTONE AVE., STE. A
CRESTVIEW FL 32539**

2. Principal Place of Business

129 E. Redstone Ave.

3. Mailing Address

129 E. Redstone Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. A

Ste. A

City & State

City & State

Crestview, FL

Crestview, FL

Zip

Country

Zip

Country

32539

OKaloosa

32539

OKaloosa

6. Name and Address of Current Registered Agent

4. FEI Number

11-3673766

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



KATZENSTEIN, MARK J M.D.

**129 EAST REDSTONE AVE., STE. A
CRESTVIEW FL 32539**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KATZENSTEIN, MARK J M.D.
129 EAST REDSTONE AVE., STE. A
CRESTVIEW FL 32539

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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, which is other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-03

850-682-7212

CR2E034 (10/02)