

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90009 018 ***150.00

DOCUMENT # P93000016295

1. Entity Name

R. SCHWIMMER & S. BERLINER, M.D., P.A.

Principal Place of Business

951 N.W. 13TH ST.
SUITE 5E
BOCA RATON FL 33486

Mailing Address

951 N.W. 13TH ST.
SUITE 5E
BOCA RATON FL 33486

2. Principal Place of Business

5258 Linton Blvd

Suite, Apt. #, etc.

Suite # 203

City & State

Delray Bch. FL

Zip

33484

Country

USA

3. Mailing Address

5258 Linton Blvd

Suite, Apt. #, etc.

Suite 203

City & State

Delray Bch. FL

Zip

33484

Country

Palm Bch



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0389599

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

BERLINER, STEVEN
951 N.W. 13TH ST.
SUITE 5E
BOCA RATON FL 33486

Name

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

5258 Linton Blvd

Suite 203

City

Delray Bch.

FL

Zip Code

33484

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)

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, 2001 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

| | | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------|
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERLINER, STEVEN W. 951 NW 13TH ST, SUITE 5E BOCA RATON FL | <input type="checkbox"/> Delete |
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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

2/16/01

Daytime Phone #

561 498 2000

CR2E034 (10/00)