

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000057987**

1. Entity Name

**ROBERT M. PEROVICH, MD, PA**

Principal Place of Business

Mailing Address

10854 WILES RD  
CORAL SPRINGS FL 3307610854 WILES RD  
CORAL SPRINGS FL 33076

2. Principal Place of Business -

3. Mailing Address

3111 N. UNIVERSITY DRIVE  
Suite, Apt. #, etc.  
SUITE 4003111 N. UNIVERSITY DRIVE  
Suite, Apt. #, etc.  
SUITE 400

City &amp; State

City &amp; State

CORAL SPRINGS, FL

CORAL SPRINGS, FL

Zip

Zip

33065

33065

Country

Country

BROWARD

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEROVICH, ROBERT  
10854 WILES RD  
CORAL SPRINGS FL 33076

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.

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

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS PEROVICH, ROBERT M  
CITY-ST-ZIP 6720 NW 74TH PL #205  
COCONUT CREEK FL 33073TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3111 N. UNIVERSITY DRIVE, SUITE 400  
CITY-ST-ZIP CORAL SPRINGS, FL 33065TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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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: *Robert Perovich MD*

ROBERT M. PEROVICH, M.D., P.A.

Date

1/4/01

Daytime Phone #

954-346-9404

0140086

CR2E034 (10/00)