

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P03000058503**

1. Entity Name

Keith J. Lerner, M.D., P.A.

FILED

01 MAR -9 PM 12:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

2. Principal Place of Business

4850 West Oakland Park Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 209

City & State

Ft. Lauderdale, FL

Zip

33313

Country

Zip

Country

4. FEI Number

65-0434914

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

REINSTATEMENT

00-01

6. Name and Address of Current Registered Agent

**Keith J. Lerner, M.D.
4850 West Oakland Park Blvd.
Suite 209
Ft. Lauderdale, FL 33313**

7. Name and Address of New Registered Agent

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]

Keith J. Lerner, M.D.

2/26/01

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. ☐

**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 NAME STREET ADDRESS CITY-ST-ZIP	Owner Keith J. Lerner, M.D. 4850 West Oakland Park Blvd. #209 Ft. Lauderdale, FL 33313	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	03/13/01-01105-013	
	*****900.00 *****900.00	
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

Keith J. Lerner, M.D.

854 784-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)