

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001437

1. Entity Name

MICHAEL HENICK, M.D., P.A.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90062 038 ***150.00

Principal Place of Business

Address change effective 1/17/00
~~2235 W HILLSBORO BLVD.~~
~~DEERFIELD BEACH FL 33442~~
1427 Banks Rd.
Margate, FL 33063

Mailing Address

~~2235 W HILLSBORO BLVD.~~
~~DEERFIELD BEACH FL 33442-1108~~
1427 Banks Rd.
Margate, FL 33063

2. Principal Place of Business

1427 Banks Rd.
Suite, Apt. #, etc.

3. Mailing Address

1427 Banks Rd.
Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Margate, FL

4. FEI Number

65-0465121

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENICK, MICHAEL
2235 W HILLSBORO BLVD.
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name: Michael Henick, M.D.

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

1427 Banks Rd.

City

Margate, FL

FL

Zip Code

33063

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

Michael Henick, M.D.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/00

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, 2000 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

TITLE ☐ Delete
NAME D
STREET ADDRESS HENICK, MICHAEL
CITY-ST-ZIP 2235 W HILLSBORO BLVD.
DEERFIELD BEACH FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

Michael Henick, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/00

Daytime Phone #

(954) 970-8228

CR2E034 (9/99)