

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90640 024 \*\*\*150.00

**DOCUMENT # P94000045821**

1. Entity Name

DAVID R. LEHRER, M.D., P.A.

Principal Place of Business

2320 14TH AVENUE WEST  
 #805  
 PALMETTO FL 34221  
 US

Mailing Address

2320 14TH AVENUE  
 #805  
 PALMETTO FL 34221  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3254113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB PA  
 2475 ENTERPRISE RD SUITE 100  
 CLEARWATER FL 34623

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, 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, 2002 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	D	<input type="checkbox"/> Delete
NAME	LEHRER, DAVID R MD	
STREET ADDRESS	2320 14TH AVENUE WEST #805	
CITY-ST-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*David R. Lehrer M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25024 10/0/01

Attachment 853227/#P9400045821

CABLISH, GENTILE & GAY, C.P.A.  
4855 - 27th STREET WEST  
BRADENTON, FL 34207  
(941) 756-9527

DAVID R. LEHRER, MD PA  
2320 14TH AVE. WEST #805  
PALMETTO, FL. 34221

Enclosed is an original and one copy of your Florida Intangible Tax Return for 2002. Please review the return to make sure it is correct and complete.

The return shows a balance due of NONE. You should sign and date the original return and mail it to the:

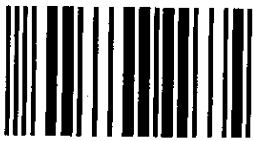
Florida Department of Revenue  
5050 W. Tennessee Street  
Tallahassee, FL 32399-0140

The return should be filed on or before June 30, 2002. The copy of the return is for your records.

You should note that the corporation is electing to pay the 2002 intangible tax as agent for its Florida stockholders and certifies that they were so notified on or before April 1, 2002. A copy of the notice is attached to the return.

Please call if you have any questions.

Very truly yours,  
CABLISH, GENTILE & GAY, C.P.A.



2002 Florida Intangible Personal Property Tax Return for Corporation,  
Partnership, and Fiduciary Filers as of January 1, 2002

FEIN 59-3254113

Filing  
Status:

☒ Corporation  
☐ Fiduciary

☐ Partnership  
☐ Affiliated Group

☐ Address Changes

☐ Amended Return

☐ Bank/S & L

☐ Charitable Trust

DAVID R. LEHRER, MD PA

2320 14TH AVE. WEST #805

PALMETTO, FL. 34221

STST NTF9

DR-601C

R. 01/02

8243000301023015035932541139

DOR Use Only

593254113	0	0	0
0	0	0	0
0	0	0	0
5	0	0	0
00	64300	0	0
0	64300	0	0
0	0	0	0
0	0	0	0

1. Accounts Receivable (See Instructions) .....
  2. Loans and Notes Receivable (From Schedule B, Line 14) .....
  3. Bonds (From Schedule C, Line 15) .....
  4. Stocks, Mutuals, Money Market Funds, Limited Partnership Interests, and Beneficial Interest in Any Trust (From Schedule D, Line 16) ..
  5. As Agent for Stockholders (From Schedule E, Line 17) Do not enter negative value. .... 643.00
  6. Total Taxable Intangible Assets (Total of Lines 1 through 5) Also enter on Line 1 of Tax Calculation Worksheet. ... 643.00
  7. Tax Due (From Tax Calculation Worksheet, Line 5) If Line 7 is less than \$80, no payment is due (File your return by TeleFile or Internet) . . 0.00
  8. Credits (From Tax Credit Worksheet, Line C) .....
  9. Total Tax Due (Subtract Line 8 from Line 7) .....
  10. Discount (Jan. or Feb. - 4%; March - 3%; April - 2%; May - 1%; June - 0%; if postmarked on or before the last day of the discount period. The discount period is not extended when ending on a Saturday, Sunday, or federal or state holiday. See Instructions) .....
  11. Penalty and Interest (See Instructions) .....
  12. Voluntary Election Campaign Contribution (\$5 -- See Instructions) .....
  - 13a. Total Due ..... 0.00
  - 13b. Less Amount Paid with Extension .....
  - 13c. Total Due (Line 13a less Line 13b; U.S. funds only) The total due cannot be a negative number. .... 0.00
- If the total due is less than or equal to zero, enter "0". Any overpayment will be refunded automatically. .... 0.00

Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge (ss.199.232 (2); 92.525(2); and 837.06, F.S.).

Signature of Officer	Date	Telephone No.	Date	Preparer's SSN or FEIN or PTIN
CABLISH, GENTILE & GAY, C.P.A.				65-0928109

CABLISH, GENTILE & GAY, C.P.A.

Payment Coupon 2002 Florida Intangible Tax - Do Not Detach

Return and Payment must be postmarked no later than June 30, 2002, to avoid Penalty and Interest.

Enter correct name, address, and FEIN below, if not pre-addressed:

FEIN 59-3254113

DAVID R. LEHRER, MD PA

2320 14TH AVE. WEST #805

PALMETTO, FL. 34221

☐ Check here if you transmitted funds electronically

☐ Check here if you do not want the Department to send you a form next year.

1 SX601C1 NTF 2558278A STS1 NTF9  
Copyright 2001 Greatland/  
Nelco - Forms Software Only DR-601C  
R. 01/02

Make Check Payable and Mail To:  
FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0140

593254113	0	0	0
0	0	0	0
0	0	0	0
5	0	0	0
00	64300	0	0
0	64300	0	0
0	0	0	0
0	0	0	0

8243 00030102 301503 5932541139

# Attachment 853227 / # P94000045821

## Important Information Requested

1. If this is your first time filing an Intangible Tax Return, please complete the following:

Date of incorporation.....

Month Day Year

Example: 06 10 2001

Date you began business in Florida .....

2. If your filing status has changed, please enter the previous FEIN, the new FEIN, and the new filing status:

### Filing Status

- ☐ Fiduciary  
☐ Affiliated Group of Corporations  
 (Must Submit List, See Instructions)  
☐ Partnership  
☐ Corporation
- ☐ Final Return  
☐ Information Return Only  
 (Filed Under  
 SSN \_\_\_\_\_)  
☐ Trustee

Previous FEIN

New FEIN

3. If your name/mailling address has changed or is incorrect, please complete the following:

Name of  
Taxpayer(s) \_\_\_\_\_Attention or  
In Care of \_\_\_\_\_

New Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_

### Tax Calculation Worksheet

1. Enter Total Taxable Intangible Assets  
from Schedule A, Line 6

\$ 643.

2. Multiply by Tax Rate

x .001

3. Tax Due

Carry Amount to Schedule A, Line 7

\$ Under \$60.

### Tax Credit Worksheet (see Instructions)

A. Intangible Tax Paid to Another State  
(see Instructions). Identify State:

A.

B. Cleanup of Contaminated Dry-Cleaning/  
Brownfield Sites (if credit not taken on F-1120)

B.

C. Total Credit (Line A plus Line B)  
Enter on Schedule A, Line 8

C.

### Information Notices

(If none of the boxes below are applicable, disregard this section.)

Check the appropriate box below: (see Information Notices in the Instructions)

1. ☐ We hereby certify this corporation is not required to file a notice of stock value because its shares are regularly listed on a public exchange or traded over the counter. May use alternate method of filing. See instructions.
2. ☐ We hereby certify this corporation's Florida stockholders were notified of the just value per share on or before April 1, for all of its shares that are not publicly traded or are restricted. May use alternate method of filing. See instructions.
3. ☒ We hereby certify this corporation elects to pay the intangible tax as agent for its Florida stockholders and certify all Florida stockholders were notified of this election on or before April 1. A copy of the notice is included with this return. The corporation has included the value of its shares held by Florida residents on this tax return, Schedule E. May use alternate method of filing if Tax Due is less than \$60. See instructions.
4. ☐ We hereby certify this corporation has no Florida stockholders. May use alternate method of filing. See instructions.

**Note:** If checking box 2 or 3, and your company's stock is not regularly traded on the open market, make sure that the value used for the company's shares is a reasonable market value. **Book value alone is generally NOT a good estimate for market value.**

Neither foreign currency nor funds drawn on other than U.S. banks will be accepted.

State law requires a service fee for returned checks or drafts of \$15 or 5% of the face amount, whichever is greater, not to exceed \$150 [s. 215.34(2), F.S.].

**Make check payable to:** Florida Department of Revenue  
(Include FEIN on check)

**Mail to:** FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0140

Attachment 853227/#P94000045821  
o Your Tax Return

**DR-601CS**

FEIN

R. 01/02  
STS1

59-3254113

<b>Schedule B.</b>	<b>Loans, Notes and Accounts Receivable</b>
<b>Notes Receivable</b>	
<b>Loans and Advances Receivable</b>	
<b>Other Receivables</b>	
<b>14. Total Value of Loans, Notes and Accounts Receivable</b>	
(Carry this amount to Schedule A, Line 2.)	

**Total Taxable Amount**  
January 1, 2002

Schedule C.	Bonds	14.
-------------	-------	-----

[illegible]

Total Taxable Amount  
January 1, 2002  
(G)

15. **Total Bonds** (Carry this amount to Schedule A, Line 3.)

**3. Attach additional schedules if necessary. Photocopies of this schedule are acceptable.**

15.

Schedule D.	Stocks, Mutuals, Money Market Funds, and Limited Partnership Interests	15.

[illegible]

Total Just  
Value Jan. 1, 2002  
(E) = (C X D)

**16. Total value of stocks** (Carry this amount to Schedule A, line 4.)

**Attach additional schedules if necessary. Photocopies of this schedule are acceptable.**

16.

Schedule E	Additional schedules if necessary. Photocopies of this schedule are acceptable.	16.
	Corporations Only - Paying as Agent for Florida Stockholders	

Class of Stock	Total Number of Shares Outstanding	No. of Taxable Shares (All shares held by Florida residents)	Just Value Per Share	Shares Outstanding Total Actual Value
<b>Common</b>	100.	100.	6.43	643.
<b>Preferred</b>				
<b>Other</b>				

**Total Taxable Amount**  
January 1, 2002

643.
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**LOANS and ADVANCES FROM FLORIDA STOCKHOLDERS**

17. **Total** (Carry this amount to Schedule A, Line 5.)

17.

643.

Attachment 853227/#4000045821

To the Stockholders:

Please be advised that the corporation has elected to pay the 2002 Florida intangible tax for its Florida stockholders.

DAVID R. LEHRER, MD PA

Attachment 853227 / #P94000045821

Schedule L Balance Sheet's		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		267.		643.
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets (Att. Sch.)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (Att. Sch.)				
10 a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
11 a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (Att. Sch.)				
15	Total assets		267.		643.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (Att. Sch.)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (Att. Sch.)				
22	Capital stock		100.		100.
23	Additional paid-in capital		900.		900.
24	Retained earnings		<733.>		<357.>
25	Adjustments to shareholders' equity (Att. Sch.)				
26	Less cost of treasury stock		( )		( )
27	Total liabilities and shareholders' equity		267.		643.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return** (You are not required to complete this schedule if the total assets on line 15, column (d), of Schedule L are less than \$25,000.)

1	Net income (loss) per books		5	Income recorded on books this year not included on Schedule K, lines 1 through 6 (itemize):	
2	Income included on Schedule K, lines 1 through 6, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 11a, 15g, and 16b (itemize):		6	Deductions included on Schedule K, lines 1 through 11a, 15g, and 16b, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Travel and entertainment \$		7	Add lines 5 and 6	
4	Add lines 1 through 3		8	Income (loss) (Schedule K, line 23). Line 4 less line 7	

**Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed**

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year		
2	Ordinary income from page 1, line 21	795.	
3	Other additions		
4	Loss from page 1, line 21	( )	
5	Other reductions Stmt 4	339.	
6	Combine lines 1 through 5	456.	
7	Distributions other than dividend distributions	80.	
8	Balance at end of tax year. Subtract line 7 from line 6	376.	