

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051575

1. Entity Name
JUPITER SPINAL HEALTH CENTER, P.A.

R

Principal Place of Business

103 S US HWY ONE
SUITE B-4
JUPITER FL 33477

Mailing Address

103 S US HWY ONE
SUITE B-4
JUPITER FL 33477

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 65-0504765

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

HIRSCH, JULIAN E.
103 S US HWY ONE
SUITE B-4
JUPITER FL 33477

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
D
HIRSCH, JULIAN E
% 103 US HWY ONE SUITE B-4
JUPITER FL 33477 ☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00

Date

(561) 575-2044

Daytime Phone #



DO NOT WRITE IN THIS SPACE



Jupiter Spinal Health Center

103 S. U.S. Highway One, Suite B-4
Jupiter, Florida 33477
(561) 575-2444
Fax (561) 744-8799

Attachment
D# P9610051375
00069103

July 5, 2000

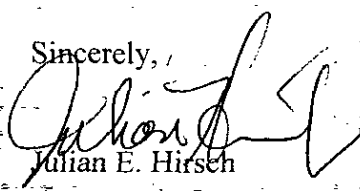
Division Of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

To whom it may concern,

Please accept the enclosed usual fee of \$150.00 per corporation. I swear that I never received the first notice otherwise it would have been paid in a timely fashion.

I sincerely appreciate your willingness to work with me on this matter. Thank you so very much for your cooperation.

Sincerely,


Julian E. Hirsch