

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90120 042 \*\*\*150.00

DOCUMENT # **94000084579**

1. Entity Name

MARK KONWISER, M.D.P.A.

Principal Place of Business

Mailing Address

900 E PINE STREET  
 BLDG 1 SUITE 122/123  
 ENGLEWOOD, FLORIDA 34223

SAME

2. Principal Place of Business

900 E PINE STREET

Suite, Apt. #, etc.

BLDG 1 SUITE 122/123

City & State  
 ENGLEWOOD, FLORIDA 34223

Zip  
 34223

Country  
 CHARLOTTE

3. Mailing Address

900 E PINE STREET

Suite, Apt. #, etc.

BLDG 1 SUITE 122/123

City & State  
 ENGLEWOOD, FLORIDA 34223

Zip  
 34223

Country  
 CHARLOTTE

ADDDDDDD

DO NOT WRITE IN THIS SPACE

4. FEI Number  
 65-0596347

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DAVID M. SILBERSTEIN  
 720 ORANGE AVE  
 SARASOTA, FLORIDA 34236

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, 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

TITLE **OWNER** ☐ Delete  
 NAME **MARK KONWISER, M.D.P.A.**  
 STREET ADDRESS **900 E. PINES STREET BLDG 1 STE 122/123**  
 CITY-ST-ZIP **ENGLEWOOD, FLORIDA 34223**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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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  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/01 941-474-8811

Date

Daytime Phone #

CR2E034 (11/00)