

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000705

1. Entity Name

BRUCE A. RUOFF, M.D., P.A.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90058 049 ***150.00

Principal Place of Business

Mailing Address

229 GEORGE BUSH BLVD

229 GEORGE BUSH BLVD

~~SUITE #109~~

~~SUITE #109~~

DELRAY BEACH FL 33444

DELRAY BEACH FL 33444-4034

US

US

2. Principal Place of Business

3. Mailing Address

229 GEORGE BUSH BLVD

229 GEORGE BUSH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

4. FEI Number 65-0541968

Applied For

Not Applicable

Zip
33444

Country
USA

Zip
33444

Country
USA

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

RUOFF, BRUCE A M.D.
1212 BAUHINIA ROAD
DELRAY BEACH FL 33483

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUOFF, BRUCE A M.D.
1212 BAUHINIA ROAD
DELRAY BEACH FL 33483 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

561-
3-15-2000 272-1234

CR2E034 (9/99)