

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015095

1. Entity Name

TRAUMA PHYSICIAN NETWORK, INC.

FILED
Feb 18, 2000 8:00 am
Secretary of State

02-18-2000 90020 001 ***150.00

Principal Place of Business

201 E. SAMPLE ROAD
NORTH BROWARD MEDICAL CENTER
POMPANO BEACH FL 33064

Mailing Address

201 E. SAMPLE ROAD
NORTH BROWARD MEDICAL CENTER
POMPANO BEACH FL 33064-3502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0563607

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BURSHAN, KHALIL M.D.
2001 N.E. 48TH COURT
FT LAUDERDALE FL 33308

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	V	<input checked="" type="checkbox"/> Delete
NAME	CASCONI, JOSEPH MD	
STREET ADDRESS	5530 NE 7TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	CP	<input type="checkbox"/> Delete
NAME	BURSHAN, KHALIL MD	
STREET ADDRESS	4301N FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHULTZ, RICHARD MD	
STREET ADDRESS	2001 N.E. 48TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	VMT	<input type="checkbox"/> Delete
NAME	JOHNSON, JUDITH MD	
STREET ADDRESS	983 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARGOLIS, DAVID	
STREET ADDRESS	9980 CENTRAL PARK BLVD, SUITE 210	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
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		
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margolis, David	
STREET ADDRESS	9980 Central Park Blvd, Suite 210	
CITY-ST-ZIP	Boca Raton, FL 33428	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-00 (954) 341-9770

CR2E034 (9/99)