

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90043 023 \*\*\*150.00

**DOCUMENT # P95000016515**

1. Entity Name  
**EDGAR H. J. HIFT, M.D., P.A.**

Principal Place of Business <b>4800 N.E. 20TH TERRACE          FORT LAUDERDALE FL 33308</b>	Mailing Address <b>54 N.E. FOURTH AVENUE          DELRAY BEACH FL 33483</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>P.O. Box 11209</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Fort Lauderdale, FL</b>	City & State
Zip <b>33339</b>	Country <b>USA</b>

4. FEI Number <b>65-0562322</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**COHEN, JEFFREY L  
 54 NORTHEAST FOURTH AVENUE  
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HIFT, EDGAR H. J</b> <b>4800 N.E. 20 TERR.</b> <b>FORT LAUDERDALE FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hift, Edgar H. J.</b> <b>P.O. Box 11209</b> <b>Fort Lauderdale, FL 33339</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: **1/16/01** DAYTIME PHONE: **(954) 491-5630**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Edgar H. J. Hift, M.D., President**

CFR2E034 (10/00)

**STRAWN, MONAGHAN & COHEN, P.A.**

54 NORTHEAST FOURTH AVENUE  
DELRAY BEACH, FLORIDA 33483  
Attorneys and Counselors

804728  
Doc# P950000/6515

JEFFREY L. COHEN\*  
TIMOTHY E. MONAGHAN  
ELIZABETH L. STRAWN  
JOEL T. STRAWN

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Of Counsel:  
TERRY MEEK\*  
\*Board Certified in Health Care Law

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(904) 893-7821

January 18, 2001

**VIA CERTIFIED MAIL**  
**#7099 3400 0017 5201 7988**  
**RETURN RECEIPT REQUESTED**

Division of Corporations  
Annual Reports Filing  
P. O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Edgar H. J. Hift, M.D., P.A.**  
**Document Number P95000016515**

Ladies and Gentlemen:

Enclosed for filing please find the 2001 Uniform Business Report for Edgar H. J. Hift, M.D., P.A. Also enclosed is a check payable to the Department of State in the amount of \$150.00 in payment of the filing fee.

If you have any questions, please call me.

Very truly yours,



Jeffrey L. Cohen

JLC/mk  
Enclosures  
cc: Edgar H. J. Hift, M.D.