

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023777

1. Entity Name

UNIVERSITY CLINICAL ASSOCIATES, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90007 020 ***150.00

Principal Place of Business

1117 N OLIVE AVENUE
WEST PALM BEACH FL 33401
US

Mailing Address

1117 N OLIVE AVENUE
WEST PALM BEACH FL 33401-3513
US

2. Principal Place of Business

927 45th St.

3. Mailing Address

927 45th St.

Suite, Apt. #, etc.

#303

Suite, Apt. #, etc.

#303

City & State

W. PALM BEACH, FL

City & State

W. PALM BEACH, FL

Zip

33407

Country

USA

Zip

33407

Country

USA

4. FEI Number

65-0578132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHEPPS, MITCHELL D
777 SOUTH FLAGLER DRIVE
SUITE 1102-W
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MOSKOWITZ, BRUCE	
STREET ADDRESS	1411 N. FLAGLER DR., #9300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNOR, GERALD	
STREET ADDRESS	1411 N. FLAGLER DR., #9300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODSON, DAVID	
STREET ADDRESS	1411 N. FLAGLER DR., #9300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	WACKS, ROBERT	
STREET ADDRESS	1411 N. FLAGLER DR., #9300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISS, ROBERT	
STREET ADDRESS	1411 N. FLAGLER DR., #9300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARDEN, ALEXANDER	
STREET ADDRESS	1411 N. FLAGLER DR., #9300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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

ROBERT A. WACK, MD
CFO

Date

1/20/00

Daytime Phone #

561-844-8888