

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90228 027 ***150.00

DOCUMENT # P95000049389

1. Entity Name

ROBERT KAMHOLTZ, P.A.

Principal Place of Business

Mailing Address

5600 ST. ANNE'S WAY
 BOCA RATON FL 33496

5600 ST. ANNE'S WAY
 BOCA RATON FL 33496-2541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

901 45th street

St. Mary's Medical Center

W. Palm Beach, FL.

33407

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0598689

Applied For

Not Applicable

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

KAMHOLTZ, ROBERT
 5600 ST. ANNE'S WAY
 BOCA RATON FL 33496

Name

Kamholtz, Robert M.D.

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

901 45th street

St Mary's Medical Center

City

W. Palm Beach

FL

Zip Code

33407

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

Robert Kamholtz
 Robert Kamholtz

4/24/00

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 Delete
 NAME **D**
 STREET ADDRESS **KAMHOLTZ, ROBERT**
 CITY-ST-ZIP **5600 ST. ANNE'S WAY**
BOCA RATON FL 33496

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Kamholtz, Robert**
 CITY-ST-ZIP **901 45th street - S.M.M.C.**
W. Palm Beach FL 33407

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change 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:

Robert Kamholtz
 Robert Kamholtz

4/24/00

561-881-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)