

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90456 017 ***150.00

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DOCUMENT # P95000050781

1. Entity Name

ALAN H. KUCZYNSKI, M.D., P.A.



Principal Place of Business

7710 N.W. 71 COURT
SUITE 103
TAMARAC FL 33321
US

Mailing Address

7500 BANYAN WAY
TAMARAC FL 33321
US

2. Principal Place of Business

3. Mailing Address

5983 N.W. 91ST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND

4. FEI Number

65-0591458

Applied For

Not Applicable

Zip

Country

Zip

Country

33067

BROWARD

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUGLAS, BRANDON J
7710 NW 71ST CT STE 103
TAMARAC FL 33321

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alan H. Kuczynski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KUCZYNSKI, ALAN H
7500 BANYAN WAY
TAMARAC FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ALAN H. KUCZYNSKI M.D.
5983 N.W. 91ST AVE
PARKLAND, FL 33067

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan H. Kuczynski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2003

Date

954-978-4007

Daytime Phone #

CR2E034 (10/02)