

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065584

1. Entity Name

HAVERHILL HEALTH CARE, P.A.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90006 035 \*\*\*150.00

Principal Place of Business

Mailing Address

3915 HAVERHILL ROAD  
W. PALM BEACH FL 33409

3915 HAVERHILL ROAD  
W. PALM BEACH FL 33417-8153

2. Principal Place of Business

2425 Chesapeake Cir.

Suite, Apt. #, etc.

3. Mailing Address

2425 Chesapeake Cir.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-0604115

Applied For

Not Applicable

Zip

33409

Country

US

Zip

33409

Country

US

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

ROTHENBERG, LAWRENCE M.D.  
3915 HAVERHILL ROAD  
WEST PALM BEACH FL 33409

Name

Same

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

2425 Chesapeake Cir. LAWRENCE M.D.

3915 HAVERHILL ROAD, STE 119

WEST PALM BEACH, FL 33417

City

West Palm Beach

FL

Zip Code

33409

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P LAWRENCE ROTHBERG**  
**2425 CHESAPEAKE CIR**  
**WEST PALM BEACH FL 33409**

**LAWRENCE ROTHBERG, M.D.**  
**3915 HAVERHILL ROAD, STE 119**  
**WEST PALM BEACH, FL 33417**

**Lawrence Rothenberg** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP  
☐ Change ☐ 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00 561 697 4640

CR 1014 (1/98)