FILED
Jul 31, 2001 8:00 am
Secretary of State
07-10-2001 90120 017 ***150.00
07-31-2001 90007 046 ***400.00

B0060905

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082520

1. Entity Name
BACH & GODOFSKY, M.D. P.A.

Principal Place of Business	Mailing Address
1800 SECOND ST., SUITE 870 SARASOTA FL 34236	1800 SECOND ST., SUITE 870 SARASOTA FL 34236

2. Principal Place of Business	3. Mailing Address
[illegible]	[illegible]
Suite, Apt. #, etc.	Suite, Apt. #, etc. [illegible]
City & State [illegible], FL	City & State [illegible], FL
Zip [illegible] Country USA	Zip [illegible] Country USA

4. FEI Number 65-0623359 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIESNER, IRA S
1800 SECOND ST., SUITE 870
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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.

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS GODOFSKY, ELIOT 1800 SECOND ST., SUITE 870 SARASOTA FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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 — Date — Daytime Phone #

Rec'd 7/16/01
Fax# 7463433

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 11, 2001

BACH & GODOFSKY, M.D. P.A.
1800 SECOND ST., SUITE 870
SARASOTA, FL 34236

Subject: **BACH & GODOFSKY, M.D. P.A.**

Reference Number: **P95000082520**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is $150.00 plus $400.00 late fee for a total of $550.00. If a certificate of status is desired, please add an additional $8.75.

There is a balance due of $400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SA
ANNUAL REPORTS SECTION