

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90069 040 \*\*\*150.00

**DOCUMENT # P95000095654**

1. Entity Name

**THOMAS BARTZOKIS, M.D., P.A.**

Principal Place of Business

825 MEADOWS RD.  
 #111  
 BOCA RATON FL 33486  
 US

Mailing Address

825 MEADOWS RD  
 #111  
 BOCA RATON FL 33486-2268  
 US

00000011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1000 N.W. 9th CT**

3. Mailing Address

**1000 N.W. 9th CT.**

Suite, Apt. #, etc.

**101**

Suite, Apt. #, etc.

**101**

4. FEI Number

**65-0615874**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

Zip

**33486**

Country

**Palm Beach**

Zip

**33486**

Country

**Palm Beach**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TANEN, JEFFREY S  
 GOLDSTEIN & TANEN PA  
 2 S BISCAYNE BLVD SUITE 3250  
 MIAMI FL 33131**

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, 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	Delete
	<b>P BARTZOKIS, THOMAS</b>	<b>825 MEADOWS RD #111</b>	<b>BOCA RATON FL</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>P BARTZOKIS, THOMAS</b>	<b>1000 N.W. 9th CT #101</b>	<b>BOCA RATON, FL 33486</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MD**

**1/18/00**

**561-368-4444**

**RAA**