

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90135 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010428

1. Entity Name

Bennett Family Practice PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 NW 82 Avenue

Suite, Apt. #, etc.

Suite # 306

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Address

201 NW 82 Avenue

Suite, Apt. #, etc.

Suite # 306

City & State

Plantation, FL

Zip

33324

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0642066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joel Piotrowski

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

667 71 Street

City

Miami Beach

FL

Zip Code

33141

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 changing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
Renter, Ben President/Sec/D
STREET ADDRESS
201 NW 82 Ave # 306
CITY- ST- ZIP
Plantation, FL 33324

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

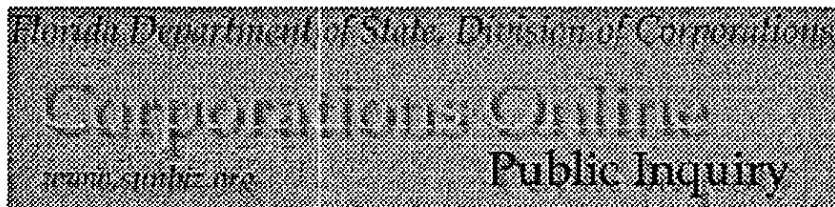
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/02 9544727432

CR2E034B (12/91)



Florida Profit

BENNETT FAMILY PRACTICE, P.A.

PRINCIPAL ADDRESS

201 NW 82 AVENUE
SUITE 306
PLANTATION FL 33324
Changed 04/12/1999

MAILING ADDRESS

201 NW 82 AVENUE
SUITE 306
PLANTATION FL 33324
Changed 04/12/1999

Document Number
P96000010428

FEI Number
650642066

Date Filed
02/01/1996

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
PIOTRKOWSKI, JOEL 627 71ST ST MIAMI BEACH FL 33141
Name Changed: 03/20/1998
Address Changed: 03/20/1998

Officer/Director Detail

Name & Address	Title
REITER, BEN Z 9600 WEATHERVANE MANOR PLANTATION FL 33324	D
MURRY, PAUL 201 NW 82 AVENUE, #306	SD