

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012290

1. Entity Name

ISAAC K.A. THOMPSON, MD, P.A.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90218 016 \*\*\*150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 7107  
DELRAY BEACH FL 33482-7107

5130 LINTON BLVD  
STE 4D15D  
DELRAY BEACH FL 33484-6596

2. Principal Place of Business

3. Mailing Address

5130 LINTON BLVD

P.O. BOX 7107

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D4 & D5

CITY & STATE  
DELRAY BEACH, FL

CITY & STATE  
DELRAY BEACH, FL

Zip  
33484

Country  
USA

Zip  
33482

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0637158

Applied For

Not Applicable

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

THOMPSON, ISSAC  
726 PINE CLUB LANE  
WELLINGTON FL 33414

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  
P  
THOMPSON, ISAAC K.  
726 PINE CLUB LANE  
WELLINGTON FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISAAC THOMPSON

Date

1/5/2000

Daytime Phone #

561 495 9292

CR2E034 (9/99)