2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016147

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90027 044 ***150.00

1. Entity Name

VICTOR HOCHMAN, M.D., P.A.

Principal Place of Business	Mailing Address
9 FLORIDA PARK DRIVE PALM COAST FL 32137	9 FLORIDA PARK DRIVE PALM COAST FL 32137

2. Principal Place of Business	3. Mailing Address
19 N. Old Kings #C101	19 N. Old Kings Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite C101
City & State: Palm Coast, Fl	City & State: Palm Coast, Fl.
Zip: 32137 / Country: U.S.	Zip: 32137 / Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3364275 — 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
HOCHMAN, VICTOR M.D. 9 FLORIDA PARK DRIVE PALM COAST FL 32137	Name: Same Street Address (P.O. Box Number is Not Acceptable): 19 N. Old Kings Rd #C101 City: Palm Coast FL Zip Code: 32137

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: D NAME: HOCHMAN, VICTOR M.D. STREET ADDRESS: 9 FLORIDA PARK DRIVE CITY-ST-ZIP: PALM COAST FL 32137	☐ Delete	TITLE: Same NAME: STREET ADDRESS: 19 N. Old Kings Rd #C101 CITY-ST-ZIP: Palm Coast, Fl. 32137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [illegible] 4-24-00 904 447 4193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)