

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90384 039 ***150.00

000810

DOCUMENT # P96000016147

1. Entity Name
VICTOR HOCHMAN, M.D., P.A.

Principal Place of Business 19 N. OLD KINGS #C101 PALM COAST FL 32137	Mailing Address 19 N. OLD KINGS #C101 PALM COAST FL 32137
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-3364275	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HOCHMAN, VICTOR M.D.
 19 N. OLD KINGS RD
 STE. C101
 PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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	D	<input type="checkbox"/> Delete
NAME	HOCHMAN, VICTOR M.D.	
STREET ADDRESS	19 N. OLD KINGS RD #C101	
CITY - ST - ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Victor Hochman* 4-23-01 904 465 4123
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)