

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90104 001 ***158.75

DOCUMENT # P96000022864

1. Entity Name **FROSCH MEDICAL consultants, Inc.**
11612 N.W. 5th Street
Plantation FL 33325

DO NOT WRITE IN THIS SPACE

872400

2. Principal Place of Business
11612 N.W. 5th Street
Suite, Apt. #, etc.

3. Mailing Address
11612 N.W. 5th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Plantation FLORIDA
Zip
33325
Country
U.S.A.

City & State
Plantation, FLORIDA
Zip
33325
Country
U.S.A.

4. FEI Number
65-0667291

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Steven R. Rosenthal**

Street Address (P.O. Box Number is Not Acceptable)
2405 University Drive

City **Coral Springs** FL Zip Code **33065**

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) ☒

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

BENJAMIN FROSCH, PRESIDENT
11612 N.W. 5th Street
Plantation FL 33325

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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

BENJAMIN FROSCH, Pres. 9/13/02 (954) 4738183

Date

Daytime Phone #

CR2E034B (12/01)

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FROSCH MEDICAL CONSULTANTS INC.

PRACTICE MANAGEMENT ■ REIMBURSEMENT ■ EDUCATION ■ PUBLIC RELATIONS ■ MEDICARE POLICY

872400

September 16, 2002

Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

VIA FEDERAL EXPRESS: 8337 1127 5221

Re: Frosch Medical Consultants, Inc.

Document # P96000022864

To whom it may concern:

Please be advised that I never received the Uniform Business Report. I never even received a second notice therefore; I am enclosing a check in the amount of one hundred fifty-eight dollars and seventy-five cents (\$158.75) and my Uniform Business Report.

Thank you for your attention to this matter. Should you have any questions please do not hesitate to contact my office.

Sincerely,


Benjamin L. Frosch

President