

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040612

1. Entity Name

SOUTH FLORIDA INTERNAL MEDICINE ASSOCIATES, P.A.

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90034 032 ***150.00

Principal Place of Business

% WILFRED C. MCKENZIE, M.D., P.A.
1625 S.E. 3RD AVE., STE 620
FT. LAUDERDALE FL 33316

Mailing Address

% WILFRED C. MCKENZIE, M.D., P.A.
1625 S.E. 3RD AVE., STE 620
FT. LAUDERDALE FL 33316

2. Principal Place of Business

WILFRED C. MCKENZIE, M.D.

Suite, Apt. #, etc. Suite 400

1625 S.E. 3RD AVE. # 400

City & State FT. LAUDERDALE FL

Zip 33316

Country U.S.A.

3. Mailing Address

WILFRED C. MCKENZIE, M.D.

Suite, Apt. #, etc. Suite 400

1625 S.E. 3RD AVE. # 400

City & State FT. LAUDERDALE FL

Zip 33316

Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0696994

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAMOND, BARRY A
9728 W. SAMPLE RD
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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, 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

TITLE PD
NAME CHOKSHI, RAJIV R
STREET ADDRESS 4701 N. FEDERAL HWY., STE. A-21
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

TITLE ST
NAME MCKENZIE, WILFRED
STREET ADDRESS 4701 N. FEDERAL HWY., STE. A-21
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
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

4/5/01 (954) 832-0055
Date Daytime Phone #

CR2E034 (10/00)