

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90419 007 \*\*\*150.00

DOCUMENT # P96000047539

1. Entity Name

MARCUS J ZBAR MD & ASSOCIATES, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 EAST BROWARD BLVD

3. Mailing Address

PO BOX 14186

Suite, Apt. #, etc. SUITE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FT LAUDERDALE, FL

City & State  
FT LAUDERDALE, FL

4. FEI Number  
65-0674751

Applied For  
Not Applicable

Zip  
33301

Country  
USA

Zip  
33302

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ZBAR, MARCUS

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

1 EAST BROWARD BLVD SUITE 700

City

FT LAUDERDALE FL

Zip Code

33301

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 ZBAR, MARCUS J

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/2002

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 \$81.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
ZBAR, MARCUS J MD  
1 EAST BROWARD BLVD SUITE 700  
FT LAUDERDALE, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CHANGED TO

TITLE  
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CITY - ST - ZIP

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DO NOT WRITE  
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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)(l), 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: Marcus J Zbar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/29/02