

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91304 030 ***150.00

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000053473**

1. Entity Name

MARC A. HERSCHELMAN, D.O., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1501 SE 11TH ST.

Suite, Apt. #, etc.

3. Mailing Address

1501 SE 11TH ST.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

US

Zip

33316

Country

US

4. FEI Number

65-0686281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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11024271

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

HERSCHELMAN, MARC A

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

1501 SE 11TH ST.

City

FT. LAUDERDALE

FL

Zip Code

33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HERSCHELMAN, MARC A
1501 SE 11TH ST.
FORT LAUDERDALE, FL 33316**

TITLE
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IN THIS SPACE**

12. 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 authorized trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)