

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060362

1. Entity Name

MICHAEL ROSENBLOOM, M.D. P.A.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90013 029 \*\*\*158.75

Principal Place of Business

Mailing Address

~~3501 JOHNSON STREET~~  
~~HOLLYWOOD FL 33021~~

~~3501 JOHNSON STREET~~  
~~HOLLYWOOD FL 33021-5421~~

1150 N 35th Ave  
Hollywood, FL 33021

1150 N 35 Ave  
Hollywood FL 33021

2. Principal Place of Business

1150 N 35th Ave

3. Mailing Address

1150 N 35 Ave

Suite, Apt. #, etc.

Ste 440

Suite, Apt. #, etc.

Ste. 440

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021

Country

Broward

Zip

33021

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0682943

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLINGHOFFER, TEDDY D  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI FL 33130

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS ROSENBLOOM, MICHAEL M.D.  
CITY-ST-ZIP ~~3501 JOHNSON STREET~~ 1150 N 35th Ave Ste 440  
HOLLYWOOD FL 33021

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-2000 954-962-5400

CR2E034 (9/99)