

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049384

1. Entity Name
ERIC C. SCHERTZER, M.D., P.A.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90001 037 ***550.00

Principal Place of Business
300 SOUTH PINE ISLAND ROAD, SUITE 105
PLANTATION FL 33324

Mailing Address
300 SOUTH PINE ISLAND ROAD, SUITE 105
PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
600 South Pine Island Rd.
Suite, Apt. #, etc.
#103
City & State
Plantation, FL
Zip
33324
Country
U.S.A.

3. Mailing Address
600 S. Pine Island Rd.
Suite, Apt. #, etc.
#103
City & State
Plantation, FL
Zip
33324
Country
U.S.A.

4. FEI Number 65-0805734
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SCHERTZER, ERIC C MD
300 SOUTH PINE ISLAND ROAD, SUITE 105
PLANTATION FL 33324

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: *Eric Schertzer MD* DATE: 9/11/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	SCHERTZER, ERIC C DR	
STREET ADDRESS	1550 ISLAND WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHERTZER, ERIC C MD	
STREET ADDRESS	1550 ISLAND WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Eric Schertzer MD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00 954-975-4000
Date Daytime Phone #

CR2E034 (5/00)