

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90048 023 ***150.00

DOCUMENT # **P97000068626**

1. Entity Name

Richard Rabinowitz, MD PA



DO NOT WRITE IN THIS SPACE

80047078

2. Principal Place of Business

Urology Health Center
Suite, Apt., etc.

3. Mailing Address

4135 Grandchamp Circle
Suite, Apt. #, etc.

5652 Meadows Lane

City & State

New Port Richey, FL

Zip

34652

Country

US

City & State

Palm Harbor, FL

Zip

34685

Country

US

4. FEI Number

59-3461668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Alan Gasman

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

1245 Court Street

City

Clearwater

FL

Zip Code

33756

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 reinstating)

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
President = P
Richard Rabinowitz, MD
4135 Grandchamp Circle
Palm Harbor, FL 34685

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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 receiver or 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

Richard Rabinowitz, MD

Date

2/28/03

Daytime Phone #

(727) 772-8314

CR2E034B (12/02)