

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P97000068643**

1. Entity Name

BETH LIEBOWITZ, M.D., P.A.**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90158 041 ***150.00

Principal Place of Business

**1685 TAMiami TRAIL
MURDOCK FL 33948
US**

Mailing Address

**1685 TAMiami TRAIL
MURDOCK FL 33948
US****00000700**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19521 Toledo Blade Blvd

Suite, Apt. #, etc.

3. Mailing Address

19521 Toledo Blade Blvd

Suite, Apt. #, etc.

City & State

Murdoch FL

Zip

33948

Country

USA

City & State

Murdoch FL

Zip

33948

Country

USA

4. FEI Number

59-3461654

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S
1245 COURT ST., STE. 102
CLEARWATER FL 34616**

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

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, 2001 Fee will be \$550.00.
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBOWITZ, BETH	
STREET ADDRESS	1685 TAMiami TRAIL	
CITY-ST-ZIP	MURDOCK FL 33948	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19521 Toledo Blade Blvd	
CITY-ST-ZIP	Murdoch, Florida 33948	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)