

2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91203 012 \*\*\*150.00

DOCUMENT # P 97 0000 69863

1. Entity Name

DR. DAVID J. Dorfman, P.C., P.A. ✓

**DO NOT WRITE IN THIS SPACE**

20032239

2. Principal Place of Business

5450 State Road 7

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Ft. Lauderdale, FL

City &amp; State

4. FEI Number

65-0776514

Applied For

Not Applicable

Zip

33314

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Dorfman, Lenore S

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

4126 INVERRARY BLVD

APT # 2808

City

Lauderdale

FL

Zip Code

33314

**DO NOT WRITE  
IN THIS SPACE**

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 P  
NAME DORFMAN, DAVID J.  
STREET ADDRESS 210 CAPTAINS WALK - # 714  
CITY-ST-ZIP DELRAY BEACH, FL. 33483

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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 information.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)