

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State
 04-11-2000 90245 036 ***150.00

DOCUMENT # P97000070530

1. Entity Name

MARIE-CAROLE DESROSIERS, M.D., P.A.

Principal Place of Business

Mailing Address

20450 W DIXIE HWY
 AVENTURA FL 33180

3321 FARRAGUT ST.
 STE. E
 HOLLYWOOD FL 33021-3145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3321 FARRAGUT ST

Suite, Apt. #, etc.

City & State

Hollywood, FL.

City & State

4. FEI Number

65-0789116

Applied For

Not Applicable

Zip

Country

33021

USA.

Zip

Country

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

DESROSIERS, MARIE-CAROLE MD
3321 FARRAGUT ST
STE E
HOLLYWOOD FL 33021

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 **PS**
 STREET ADDRESS **DESROSIERS, MARIE-CAROLE MD**
 CITY-ST-ZIP **3321 FARRAGUT ST. STE. E**
HOLLYWOOD FL 33021

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

TITLE ☐ Delete
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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

MARIE-CAROLE DESROSIERS, MD 4/1/00

Date

Daytime Phone #

CR2E034 (9/99)