## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000080601

1. Entity Name

ANDREW H. ZWICK, M.D., P.A.

## FILED Feb 01, 2000 8:00 am Secretary of State

02-01-2000 90094 027 \*\*\*150.00

						02-	01-2000 90	094 027 ***	*150.00	
Principal Place of Business Mailing Address										
5458 TOWN CENTER ROAD. SUITE 2 BOCA RATON FL 33486		5458 TOWN CENTER ROAD. SUITE 2 BOCA RATON FL 33486-1009			ı					
2. Principal P	lace of Business	3. Malling Address			<u> </u>					
0.33- 4.4 # -4-		Suite, Apt. #, etc			_	1 1 8 8 1 ( 1 9 1 1 1		• • • • • • • • • • • • • • • • • • • •		B181 1191 1991
Suite, Apt. #, etc.		Suite, Apt. #, etc.			$\perp$	DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. 1	FEI Number	65-07833	370	N	pplied For ot A <sub>rgein</sub>
Zip Country		Zip .	Zip Country			Certificate o	f Status Desired	a 🗆	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. 1	Name and A	ddress of Nev	Registered	Agent	
				Name						
ZWICK, APRIL M ESQ. 2801 UNIVERSITY DRIVE				Street Addres	ss (P.O. 8	ox Number	is Not Accepta	ble)		
	TE 203 IAL SPRINGS FL 33065					·				
	INE OF FRIENDS FE GOODS			City				FL	Zip Cod	ie
8. The above	named entity submits this statement fo	r the purpose of changing it	ts registered	d office or regis	stered ag	ent, or both	in the State of	Florida.		
<b> </b>							,			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered	Agent signature requ	uired when re	einstating)		DATE		
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW	/!!!= <b>FE</b> E !!	S \$150.00			tion Compains	·		
Tax filing r	equirement and elects to do so.	After MAY 1, 2	.000 Fee w	vill be \$550.00			tion Campaign : Fund Contribu			00 May Be d to Fees
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13. I hereby of	certify that the information supplied with	n this filing does not qualify f	for the exent my signature.	nption stated in ure shall have th	Section he same	119.07(3)(i) legal effect	, Florida Statute as if made und	es. I further ce er oath: that I	rtify that the i am an office	information r or director

13. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), Forda Statutes. Floriner 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

elent girich

1/21/00 561-395-2424

Daytime Phone #