

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90061 004 ***150.00

DOCUMENT # P98000010629

1. Entity Name
NEIL H. MERKATZ, M.D., P.A.

Principal Place of Business
NEIL H MERKATZ MD PA
701 N FEDERAL HWY STE 304
STUART FL 34994

Mailing Address
2316 23RD LANE
LAKE WORTH FL 33463
US

2. Principal Place of Business
Neil H. Merkatz, M.D., P.A.
 Suite, Apt. #, etc.
8000 South US 1 Suite #202

3. Mailing Address
6956 Southwest Woodbine Way
 Suite, Apt. #, etc.

City & State
Port St. Lucie, FL
 Zip
34952 Country
US

City & State
Palm City, FL
 Zip
34990 Country
US

4. FEI Number
65-0812396

Applied For
☒ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MERKATZ, NEIL H MD
701 N. FEDERAL HIGHWAY
STUART FL 34994

7. Name and Address of New Registered Agent

Name
Neil H. Merkatz, M.D., P.A.
 Street Address (P.O. Box Number is Not Acceptable)
8000 South US 1
Suite #202
 City
Port St. Lucie **FL** Zip Code
34952

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 **Neil Merkatz, President**
 Signature, typed or printed name of registered agent and title if applicable.

9/8/02
 DATE

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE D	NAME MERKATZ, NEIL H	<input type="checkbox"/> Delete
STREET ADDRESS 212 CYPRESS POINT DRIVE		
CITY-ST-ZIP PALM BEACH GARDENS FL 33418-7157		
TITLE VP	NAME MERKATZ, LINDA	<input type="checkbox"/> Delete
STREET ADDRESS 2316 23RD LANE		
CITY-ST-ZIP LAKE WORTH FL 33463		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	NAME Neil H. Merkatz, M.D., P.A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6956 Southwest Woodbine Way		
CITY-ST-ZIP Palm City, FL 34990		
TITLE VP	NAME Linda Merkatz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6956 Southwest Woodbine Way		
CITY-ST-ZIP Palm City, FL 34990		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Neil Merkatz, President** (Neil merkatz md, President) **9/8/02** (772) 878-9368
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

MICHAEL T. CROWLEY, CPA

Attachment
104A Heckeler Drive ■ Glenville, NY 12302
Phone (518) 384-1517 ■ Fax (518) 384-1358
E-mail: mcrowley@empireone.net

September 1, 2002

198000010629
125097

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Florida Department of the State,

The enclosed 2002 Uniform Business Report has been completed and submitted along with a payment in the amount of \$150.00. Due to a change in the corporation's principal place of business, this was the **first notice** that had been received by the corporation. As a result, according to #8 of the frequently asked questions, I have submitted payment in the **original filing fee amount of \$150.00** rather than the late fee assessment amount of \$550.00. Please note that the 2002 Uniform Business Report has updated the proper addresses in order to prevent such an error from occurring in the future.

Please ensure that this form will be processed appropriately and that the proper amount of \$150.00 will be applied to the corporation's account. If you have any questions or concerns please contact me in order to resolve any issues.

Sincerely,

Neil Merkatz, President

Neil H. Merkatz, M.D., P.A.

Enclosures (2)

1. 2002 Uniform Business Report
2. Check payable to: Department of State