

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062203

1. Entity Name

HEIDI TOROCSIK, D.O., P.A.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90008 004 ***150.00

Principal Place of Business Mailing Address
4000 HOLLYWOOD BLVD SUITE 350-NORTH
HOLLYWOOD FL 33021 4000 HOLLYWOOD BLVD SUITE 350-NORTH
HOLLYWOOD FL 33021-6751

846876



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1101 Van Buren Street 1101 Van Buren Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hollywood Florida Hollywood FL
Zip 33019 Country U.S.A. Zip 33019 Country U.S.A.

4. FEI Number 65-0850374
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
COEL, MARK A ESQ
PRESIDENTIAL CIRCLE
4000 HOLLYWOOD BLVD SUITE 350 NORTH
HOLLYWOOD FL 33021
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 _____ (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. ☐ **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	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOROCSIK, HEIDI D.O.		NAME		
STREET ADDRESS	4000 HOLLYWOOD BLVD., STE 350 N.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ Date: 2/25/00 Daytime Phone #: (954) 385-6224

CR2E034 (9/99)