

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90141 034 ***150.00

DOCUMENT # P98000067952

1. Entity Name

PHILIP C. DESANTIS, O.D., P.A.

Principal Place of Business

**1872 N MILITARY TR
 WEST PALM BEACH FL 33409
 US**

Mailing Address

**1872 N MILITARY TR
 WEST PALM BEACH FL 33409
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0856409

Applied For

Not Applicable

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

**DESANTIS, PHILIP C
 341 S.E. 6TH AVE.
 POMPANO BEACH FL 33060**

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 \$550.00
 After September 12, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DR**
 STREET ADDRESS **DESANTIS, PHILIP C**
 CITY-ST-ZIP **341 S.E. 6TH AVE.
 POMPANO BEACH FL 33060**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

ATTACHMENT
979167

September 7, 2001

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Philip Desantis O.D., P.A.


P98000067952

To Whom It May Concern:

Please find enclosed check numbers #1419 for Philip Desantis O.D., P.A. for \$150 for the 2001 Uniform Business Report filing fee. Dr. Desantis never received the original notice for the filing fee. Since this is a new business, Dr. Desantis was not aware this fee needed to be filed.

Since the first notice was never received, we are asking that you please abate the additional \$400 penalty. Thank you in advance for your time and consideration.

Sincerely,


Jamie Wolske

Clemmons & Company for
Dr. Philip Desantis O.D., P.A.