

2001 UNIFORM BUSINESS REPORT (UBR)

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

09-17-2001 90003 045 ***150.00

DOCUMENT # P98000098669

1. Entity Name

JACK E. BARON, M.D, P.A.

LA

Principal Place of Business

**2061 ENGLEWOOD RD., CENTURY PL. STE. 2
 ENGLEWOOD FL 34223**

Mailing Address

**2061 ENGLEWOOD RD., CENTURY PL STE. 2
 ENGLEWOOD FL 34223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0845626**

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

**BARON, JACK E MD
 2061 ENGLEWOOD ROAD
 CENTURY PLAZA STE 2
 ENGLEWOOD FL 34223**

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, 2001 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 **D** ☐ Delete
 NAME **BARON, JACK E**
 STREET ADDRESS **2061 ENGLEWOOD RD., CENTURY PLAZA, STE. 2**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

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

TITLE ☐ Delete
 NAME
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
Jack E. Baron, MD, PA

Board Certified Family Physician

Century Plaza, Suite 2

2061 Englewood Road

Englewood, FL 34223

(941) 473-7712

September 11, 2001

Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

Document # P98000098669

FEI Number # 65-0845626

*attach a
check \$150.00
to Florida
Department of
State.
Sign D Bottom
+ mail*

Dear Corporations Officer,

Please accept our check in the amount of \$150.00. We are in a state of GREAT financial difficult.

Our office manager has been fired as of August 17th, 2001. She was in charge of all accounts payables and accounts receivables. We are currently trying to save what is left of our physicians practice.

All of our bills are 3 to 5 months past due and in this case 9 months past due. The so-called Office Manager misrepresented herself as an medical billing expert. We now have very limited accounts receivables coming in and we are in the process of filing criminal charges on this person for grand theft & embezzlement.

Please feel free to contact me.

Sincerely,

Susan Baron

Susan Baron