

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90225 047 \*\*\*150.00

**DOCUMENT # P99000009957**

1. Entity Name  
**DOROTHY L. SAVAGE M.D., P.A.**

**C0005854**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6971 N. FEDERAL HWY., SUITE 306 BOCA RATON FL 33487	Mailing Address 6971 N. FEDERAL HWY., SUITE 306 BOCA RATON FL 33487-1617
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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 <b>65-0892087</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  
**DURANTE, PATRICIA**  
**6971 N. FEDERAL HWY., SUITE 306**  
**BOCA RATON FL 33487**

7. Name and Address of New Registered Agent  
 Name: **Dorothy L. Savage, M.D.**  
 Street Address (P.O. Box Number is Not Acceptable): **6971 N. Federal Hwy #306**  
 City: **Boca Raton** FL Zip Code: **33487**

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: **X Dorothy L. Savage M.D. P.A.** DATE: **1-10-00**  
Signature, typed or printed name of registered agent and title if applicable. (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 \$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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SAVAGE, DOROTHY L</b>	
STREET ADDRESS	<b>2395 ACORN PALM RD.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KNIGHT, DAVID S</b>	
STREET ADDRESS	<b>14690 PEBBLE BAY CIR.</b>	
CITY-ST-ZIP	<b>VERO BCH FL 32963</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KNIGHT, PAMELA A</b>	
STREET ADDRESS	<b>24344 PARAGON PL.</b>	
CITY-ST-ZIP	<b>GOLDEN CO 80401</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **X Dorothy L. Savage M.D. P.A.** DATE: **1-10-00** DAYTIME PHONE #: **1-561-241-0080**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)