

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000009957**

1. Entity Name

**DOROTHY L. SAVAGE M.D., P.A.****FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90004 028 \*\*\*150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0892087**

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

**SAVAGE, DOROTHY L MD  
6971 N. FEDERAL HWY., SUITE 306  
BOCA RATON FL 33487**

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

*Dorothy L. Savage M.D. P.A.**4-5-01*

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

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:

*Dorothy L. Savage M.D. P.A.**4-5-01*

Date

*1-561-241-0080*

Daytime Phone #

CR2E034 (10/00)