

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014234

1. Entity Name
NEIL B. ZUSMAN, M.D., P.A.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90002 024 ***150.00

Principal Place of Business

Mailing Address

~~23427 WESTCHESTER BOULEVARD~~
~~PORT CHARLOTTE FL 33980~~

~~23427 WESTCHESTER BOULEVARD~~
~~PORT CHARLOTTE FL 33980~~

2. Principal Place of Business

3. Mailing Address

3161 Harbor Blvd.

3161 Harbor Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D

Suite D

City & State

City & State

Port Charlotte, FL

Port Charlotte, FL

Zip

Country

Zip

Country

33952

USA

33952

USA

4. FEI Number

65-0893639

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

ZUSMAN, NEIL B M.D.

~~23427 WESTCHESTER BOULEVARD~~
~~PORT CHARLOTTE FL 33980~~

Name

Neil B. Zusman, M.D.

Street Address (P.O. Box Number is Not Acceptable)

3161 Harbor Blvd., Ste. D

City

Port Charlotte,

FL

Zip Code

33952

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 13, 2000 Min. 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 D ☐ Delete
NAME ZUSMAN, NEIL B M.D.
STREET ADDRESS 23427 WESTCHESTER BOULEVARD
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE ☒ Change ☐ Addition
NAME Zusman, Neil B M.D.
STREET ADDRESS 3161 Harbor Blvd., Ste. D
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Neil B. Zusman NEIL B. ZUSMAN, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/00
Date

(941) 624-4500
Daytime Phone #

CR2E034 (5/00)



Handwritten: HHC# 0000014234 DW 1800
Doc#: P99000014234
ZUSMAN EYE CARE CENTER

081400

Neil B. Zusman, M.D., P.A.

Fellow, American College of Surgeons
Ophthalmology and Ophthalmic Surgery

Board Certified by the American Board of Ophthalmology

July 26, 2000

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Document # P99000014234

To Whom It May Concern:

I am writing this letter to you in regards to the "second notice" we received from you about filing the 2000 Uniform Business Report. We never received the "first notice", possibly due to the fact the address on the report was incorrect. I have made all the necessary changes on the report to ensure this will get to us in the future.

Secondly, we are a new corporation and were not aware we had to file a report. I am requesting that the \$400.00 late fee be waived.

Enclosed please find a check in the amount of \$150.00. Thank you for your attention to this matter. If you have any further questions, please feel free to contact me at (941) 624-4500.

Sincerely,

Neil B. Zusman, M.D., P.A.