

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90006 043 \*\*\*550.00

**DOCUMENT # P99000027763**

1. Entity Name

**VASCULAR & AESTHETIC ASSOCIATES OF SOUTH FLORIDA** ✓

Principal Place of Business

1212 BAUHINIA ROAD  
 DELRAY BEACH FL 33483

Mailing Address

1212 BAUHINIA ROAD  
 DELRAY BEACH FL 33483

2. Principal Place of Business

**180 SE 5TH AVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**180 SE 5TH AVE.**  
 Suite, Apt. #, etc.

City & State

**DELRAY BEACH FL**

City & State

**DELRAY BEACH FL**

4. FFI Number

**65-0907402**

Applied For

Not Applicable

Zip

**33483**

Country

**USA**

Zip

**33483**

Country

**USA**

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

**RUOFF, BRUCE A M.D.**  
**1212 BAUHINIA ROAD**  
**DELRAY BEACH FL 33483**

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]* **PRESIDENT BRUCE A. RUOFF, M.D. JULY 8, 2000**  
 (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 \$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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUOFF, BRUCE A M.D.</b>	
STREET ADDRESS	<b>1212 BAUHINIA ROAD</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</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		
TITLE		<input type="checkbox"/> Delete
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		
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:

*[Signature]* **272-8900**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #