

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029 019

1. Entity Name

Carol A. McKenzie, M.D. P.A.

**FILED**  
**Jun 12, 2000 8:00 am**  
**Secretary of State**

06-12-2000 90040 013 \*\*\*150.00

Principal Place of Business

Mailing Address

1725 University Dr. Ste 325  
Coral Springs, FL 33071

PO Box 9780  
Coral Springs,  
FL 33075  
9780

2. Principal Place of Business

1725 University Dr

3. Mailing Address

PO Box 9780

Suite, Apt. #, etc.

325

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs  
FL

4. FEI Number

US - 0908273

Applied For

Not Applicable

Zip

33071

Country

USA

Zip

33075-9780

Country

USA

5. Certificate of Status Desired ☒ N/A ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Carol McKenzie MD.  
1725 University Dr. Ste 325  
Coral Springs, FL 33071

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

5/30/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Carol McKenzie M.D.  
1725 University Dr Ste 325  
Coral Springs FL 33071

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30/00

(954)341-1520

CR2E034 (5/99)