

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90528 040 \*\*\*150.00

**DOCUMENT # P99000029019**

1. Entity Name  
**CAROL A. MCKENZIE, M.D., P.A.**



Principal Place of Business  
**1725 UNIVERSITY DRIVE  
SUITE 325  
CORAL SPRINGS FL 33071  
US**

Mailing Address  
**PO BOX 9780  
CORAL SPRINGS FL 33075-9780  
US**



2. Principal Place of Business  
**3100 Coral Hills Drive**

3. Mailing Address

Suite/Apt. #, etc.  
**205**

Suite, Apt. #, etc.

City & State  
**Coral Springs, FL.**

City & State

4. FEI Number  
**65-0908273**

Applied For  
Not Applicable

Zip  
**33065**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKENZIE, CAROL A  
1725 UNIVERSITY DRIVE  
SUITE 325  
CORAL SPRINGS FL 33071**

Name  
**Mckenzie, Carol A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3100 Coral Hills Drive  
Ste 205**  
City  
**Coral Springs** **FL** Zip Code  
**33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol A. McKenzie MD*  
Signature, typed or printed name of registered agent and title if applicable.

**Carol A. McKenzie MD** **11/10/03**  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **MCKENZIE, CAROL A MD**  
STREET ADDRESS **1725 UNIVERSITY DRIVE**  
CITY-ST-ZIP **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  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required* **mckenzie, m.d.**

**11/10/03 (954) 341-1520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)