

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036095

1. Entity Name

MICHAEL WYCOKI MEDICAL P.A.

FILED

Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90013 040 ***150.00

Principal Place of Business

Mailing Address

1002 SILVERLEAF CT
WEST PALM BEACH FL 33410

1002 SILVERLEAF CT
WEST PALM BEACH FL 33410

2. Principal Place of Business

8156 SE GOVERNORS WAY
Suite, Apt. #, etc.

3. Mailing Address

8156 GOVERNORS WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOBE SOUND, FL

City & State

HOBE SOUND, FL

4. FEI Number

65-0912468

Applied For

Not Applicable

Zip

33455

Country

MARTIN

Zip

33455

Country

MARTIN

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

WYCOKI, MICHAEL JR.
1002 SILVERLEAF COURT
WEST PALM BEACH FL 33410

Name

WYCOKI, MICHAEL JR.

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

8156 SE GOVERNORS WAY

City

HOBE SOUND

FL

Zip Code

33455

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 \$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 ☐ Delete
NAME D
STREET ADDRESS WYCOKI, MICHAEL JR.
CITY-ST-ZIP 9145 DELAFIELD
HOBE SOUND FL 33455

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Michael Wycoki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 561-546-3701
Date Daytime Phone #

CR2E034 (10/00)