2000 UNIFORM BUSINESS REPORT (UBR)

7/10/00-90016-039-$150.00-$150.00

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
D00067233

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000051489

1. Entity Name
DIANA FISCHER, M.D., P.A.

Principal Place of Business Mailing Address
6801 LAKE WORTH ROAD
SUITE 332
LAKE WORTH, FL 33467

2. Principal Place of Business 6801 LAKE WORTH RD	3. Mailing Address 6801 LAKE WORTH ROAD
Suite, Apt. #, etc. 332	Suite, Apt. #, etc. 332
City & State LAKE WORTH, FLORIDA	City & State LAKE WORTH, FLORIDA
Zip 33467 Country USA	Zip 33467 Country USA

4. FEI Number 65-0926612 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL AND UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134
REGISTRATION # 54075

7. Name and Address of New Registered Agent
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, 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, 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	PRESIDENT	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	DIANA FISCHER, M.D.		NAME			
STREET ADDRESS	6801 LAKE WORTH ROAD STE 332		STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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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: Diana Fischer MD PA DIANA FISCHER, M.D., P.A 6/00/2000 (561) 649-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
D# P99000051489
DON67233
Pg 2 of 3

Diana Fischer, M.D.
Psychiatrist
Child • Adolescent • Adult

MAY 23, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
RE - 2000 UNIFORM BUSINESS REPORT

TO WHOM IT MAY CONCERN,

I am the office manager for Dr. Diane Fischer who early in 1999 became incorporated, the entity now known as DIANA FISCHER M.D., P.A.

When I received the submitted form I had no awareness of the need for timely submission and I just kept in a pile of other papers.

In the future, I will be more careful and observant + will endeavor to keep on top of things, especially of this importance. I, therefore, beg your indulgence since this is less than 1 full year of incorporation and my employment as office manager.

A check for $150.00 is hereby submitted and we await your reply.

Sincerely yours,
Ron James

This will also be signed by Dr. Fischer, who has read this letter.

Diana [illegible] MD

6801 Lake Worth Road • Suite 101 • Lake Worth, FL 33467 ❖ Tel: 561-649-1414 • Fax: 561-649-1401

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9/13/00

To whom it may concern,

I apologize for the delay in returning the Business report (attached).

THE Reason for the lateness is due to the misinformation that WAS provided by the attached cover letter that WAS sent by your office.

As we do NOT have an FEI number only A TAX number.

THRough numerous telephone calls to your office and to the Interal Revenue service It WAS Finally established that the regular TAX number is what I should be supplying to you in box number Four where You ask for a FEI number.

THANK you for your understanding and your cooperation,

Sincerely,

Ron HOCHSTADT – Assistant OFFice MGR

DIANA FISCHER, M.D.