

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056158

1. Entity Name

MARK AKSELRUD, M.D., P.A.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90144 046 ***150.00

Principal Place of Business

Mailing Address

9166 W. ATLANTIC BLVD.
SUITE 1627
CORAL SPRINGS FL 33071

9166 W. ATLANTIC BLVD.
SUITE 1627
CORAL SPRINGS FL 33071-7754

2. Principal Place of Business

3. Mailing Address

7710 NW 71st Court

7710 NW 71st Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204

Suite 204

City & State

Tamaraac, FL

City & State

Tamaraac, FL

Zip

33321

Country

Broward

Zip

33321

Country

Broward

4. FEI Number

65-0929848

Applied For

Not Applicable

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

AKSELRUD, MARK M.D.
9166 W. ATLANTIC BLVD.
SUITE 1627
CORAL SPRINGS FL 33071

Name

Mark Akselrud MD

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

7710 N.W. 71st Ct, Ste 204

City

Tamaraac

FL

Zip Code

33321

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 ☐ Delete

NAME

Mark Akselrud

STREET ADDRESS

MD

CITY-ST-ZIP

7710 NW 71st Ct Ste 204

TITLE ☐ Delete

NAME

Tamaraac, FL 33321

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

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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 #

04.21.00 721-9898