

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 18, 2000 08:00 AM
Secretary of State****DOCUMENT # P99000063755****1. Entity Name****BRIAN E. HASS, M.D., P.A.****Principal Place of Business**

2401 P.G.A. BLVD, SUITE 150

PALM BEACH GARDENS
33410

FL

Mailing Address

2401 P.G.A. BLVD, SUITE 150

PALM BEACH GARDENS
33410

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0965481**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCAHAN RICHARD J
C/O BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DR, SUITE 100
PALM BEACH GARDENS
33410 FL
US**7. Name and Address of New Registered Agent****Name**

CAHAN RICHARD J

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

C/O BECKER & POLIAKOFF, P.A.

5201 BLUE LAGOON DR, SUITE 100

City
MIAMI

FL

Zip Code
33126**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 **RICHARD CAHAN**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/18/2000

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**TITLE D ☐ Delete
NAME HASS BRIAN E
STREET ADDRESS 2401 P.G.A. BLVD, SUITE 150
CITY-ST-ZIP PALM BEACH GARDENS FL 33410TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE DR ☒ Change ☐ Addition
NAME HASS BRIAN E
STREET ADDRESS 2401 P.G.A. BLVD, SUITE 150
CITY-ST-ZIP PALM BEACH GARDENS FL 33410TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: BRIAN E. HASS

DATE: 01/18/2000