

# 2000 UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # P99000069279

1. Entity Name

NORMAN WASSERMAN, M.D., P.A.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90104 012 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O HATCH & DOTY, P.A.  
1701 HWY A1A, STE. 220  
VERO BEACH FL 32963

C/O HATCH & DOTY, P.A.  
1701 HWY A1A, STE. 220  
VERO BEACH FL 32963-2206

2. Principal Place of Business

3. Mailing Address

3036 20th Street

3036 20th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

65-0938280

Applied For

Not Applicable

Zip

32960

Country

USA

Zip

32960

Country

USA

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

HATCH, IRAC ESQ.  
1701 HWY. A1A, STE. 220  
VERO BEACH FL 32960

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
NORMAN WASSERMAN, M.D.  
3036 20th STREET VERO BEACH, FL  
32960

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Norman Wasserman, M.D., P.A.*  
Norman Wasserman, M.D., P.A.  
561-778-1944  
5/2/00

CR2E034 (9/99)