

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90026 031 ***150.00

DOCUMENT # P99000071909

1. Entity Name

DAVID I. WARTENBERG, M.D., P.A.

Principal Place of Business

Mailing Address

SAN JOSE BLVD
 JACKSONVILLE FL 32223

12311 SAN JOSE BLVD
 JACKSONVILLE FL 32260-0313

2. Principal Place of Business

3. Mailing Address

3604 UNIVERSITY BLVD.

P.O. Box 600313

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE FL

Zip

Country

Zip

Country

32216

USA

32260-0313

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

59-3594592

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

Name

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

City

FL

Zip Code

SCHNEIDER, MICHAEL N
 4215 SOUTHPOINT BLVD., SUITE 100
 JACKSONVILLE FL 32216

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

☐ Delete
 D
 WARTENBERG, DAVID I MD
 12311 SAN JOSE BLVD
 JACKSONVILLE FL 32223

☒ Change ☐ Addition
 D
 WARTENBERG, DAVID I MD
 12708 SAN JOSE BLVD, SUITE 3
 JACKSONVILLE, FL 32223

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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:

David I. Wartenberg, M.D.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 29, 2000 904 886-9996
 Date Daytime Phone #