

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000078002**1. Entity Name
DONALD J. KEUSCH, M.D., P.A.**FILED**
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90156 019 ***550.00

0078714 AV

Principal Place of Business

781 N.E. 37TH STREET
BOCA RATON FL 33431

Mailing Address

781 N.E. 37TH STREET
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0945912**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KEUSCH, DONALD J
781 N.E. 37TH STREET
BOCA RATON FL 33431

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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**D** ☐ Delete
KEUSCH, DONALD J M.D.
781 N.E. 37TH STREET
BOCA RATON FL 33431TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 REQUIRED

Donald J. Keusch

7/26/02

561-362-8329

CR2E034 (4/02)

Attachment

DONALD JOEL KEUSCH, MD
781 NE 37 STREET
BOCA RATON, FLORIDA 33431

#PA 000078002

7/28/02

Dear Sir,

I am enclosing a fee of \$550 for reporting my business to the state. This includes a \$400 penalty. However, I never received the original notice earlier in the year. As this was not my fault I hope that you will refund my \$400 penalty assessed for my late response. Thank you for your consideration.

Sincerely,

D. Keusch MD