

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080306

1. Entity Name

TODD A FRALICH, MD., P.A.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90033 001 \*\*\*150.00

Principal Place of Business

1680 MICHIGAN AVE SUITE 912  
MIAMI BEACH FL 33139

Mailing Address

1680 MICHIGAN AVE SUITE 912  
MIAMI BEACH FL 33139-2514

CU042300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6405 N. Federal Hwy  
Suite, Apt. #, etc.  
Suite 205

3. Mailing Address

6405 N. Federal Hwy  
Suite, Apt. #, etc.  
Suite 205

City & State

Ft Lauderdale, FL

City & State

Ft Lauderdale, FL

4. FEI Number

65-0947318

Applied For

Not Applicable

Zip

33308

Country

US

Zip

33308

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRALICH, TODD A MD  
1680 MICHIGAN AVE SUITE 912  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

TODD A. FRALICH MD

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

6405 N. Federal Hwy

Suite 205

City

Ft. Lauderdale

FL

Zip Code

33308

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

*Todd Fralich MD*

TODD A. FRALICH MD

*4/24/00*

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd Fralich, MD	
STREET ADDRESS	6405 N. Federal Hwy, Suite 205	
CITY-ST-ZIP	Ft Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Todd Fralich MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00

CR2E034 (9/99)