

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90074 032 ***150.00

DOCUMENT # P99000087450

1. Entity Name
MARC PLOTKIN, MD, P.A.



Principal Place of Business
**2491 S.E. 9TH STREET
POMPANO BEACH FL 33062**

Mailing Address
**2491 S.E. 9TH STREET
POMPANO BEACH FL 33062**

2. Principal Place of Business
4151 NE 30TH TERRACE
Suite, Apt. #, etc.

3. Mailing Address
4151 NE 30TH TERRACE
Suite, Apt. #, etc.

City & State
LIGHTHOUSE POINT, FL

City & State
LIGHTHOUSE POINT, FL

4. FEI Number **65-0948013**

Applied For
Not Applicable

Zip
33064

Country
USA

Zip
33064

Country
USA

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

6. Name and Address of Current Registered Agent

**PLOTKIN, MARC
2491 S.E. 9TH STREET
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name **MARC PLOTKIN**
Street Address (P.O. Box Number is Not Acceptable)
4151 NE 30TH TERRACE
City **LIGHTHOUSE POINT** **FL** Zip Code **33064**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PLOTKIN, MARC**
STREET ADDRESS **2491 S.E. 9TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **PLOTKIN, MARC**
STREET ADDRESS **4151 NE 30TH TERRACE**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**
address change

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE: **MARC PLOTKIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/20/03** (954) 292-9444
Daytime Phone #

CR2E034 (10/02)