

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P99000099627

1. Entity Name

MICHELE MAHOLTZ, M.D., P.A.



03 OCT -9 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3725 12TH CT.

3. Mailing Address
3725 12TH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VERO BEACH, FL 32960

City & State
VERO BEACH, FL 32960

4. FEI Number 65-0968264

Applied For
Not Applicable

Zip Country

Zip Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name REBECCA B. COLTON, P.A.

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

3055 CARDINAL DRIVE, SUITE 303

City VERO BEACH

FL

Zip Code
32963

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]

(NOTE: Registered Agent signature required when reinstating)

8/29/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
DPST
MAHOLTZ, MICHELE, M.D.
3725 12TH CT., VERO BEACH, FL 32960

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

100023675211
10/09/03--01077--007 **\$150.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

7/11/10

Rebecca B. Colton, P.A.

Certified Public Accountants

3055 Cardinal Drive - Suite 303

Vero Beach, Florida 32963

(772) 231-1440

FAX (772) 231-3064

September 25, 2003

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Re: Michele Maholtz, M.D., P.A.

Document #P99000099627

2003 Uniform Business Report

Dear Division of Corporations:

It has come to our attention that the above-referenced corporation did not file a Uniform Business Report for 2003. Enclosed is the original 2003 Uniform Business Report for the corporation along with payment in the amount of \$150.00.

We respectfully request waiver of the reinstatement fees. The taxpayer did not receive the preprinted UBR form in 2003 and, therefore, did not realize that this filing had not been done. Please note that the taxpayer's address has changed. Please also note the FEI number on this form. Previous preprinted forms have listed an incorrect number.

Thank you for your attention regarding this matter. If we can be of any further assistance, please contact the undersigned.

Sincerely,



Rebecca B. Colton, C.P.A.

RBC:imp

Enclosures

cc: Michele Maholtz, M.D., P.A.