

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000101961**

1. Entity Name

MEDICAL NEUROLOGY OF SOUTH FLORIDA, P.A.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90080 006 ***150.00

Principal Place of Business

Mailing Address

~~1401 NW 9TH AVE~~
~~BOCA RATON FL 33486~~

~~1401 NW 9TH AVE~~
~~BOCA RATON FL 33486~~

2. Principal Place of Business

3. Mailing Address

801 Meadows Rd.

801 Meadows Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #110

Suite #110

City & State

City & State

Boca Raton, FL

Boca Raton, FL

4. FEI Number

Applied For

Not Applicable

65-0963253

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Zip **33486**

Country

USA

Zip **33486**

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIFTAN, ROBERT O MD

~~1401 NW 9TH AVE.~~

~~BOCA RATON FL 33486~~

Name

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

801 Meadows Rd #110

City

Boca Raton

FL

Zip Code

33486

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

Robert Schiffman MD, President

4/30/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIFTAN, ROBERT O MD	
STREET ADDRESS	1401 NW 9TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33486	
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"/> Change <input type="checkbox"/> Addition
NAME	801 Meadows Rd	
STREET ADDRESS	meadows meadows Rd	
CITY-ST-ZIP	Boca Raton, FL 33486	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Schiffman MD

Date

Daytime Phone #

4-30-00

561 417-0599

CR2E034 (9/99)