

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90174 029 ***150.00

DOCUMENT # P99000104454

1. Entity Name
NEIL SHECHTMAN, M.D., P.A.



Principal Place of Business
204 U.S. 27 SOUTH, SUITE 4
LAKE PLACID FL 33852

Mailing Address
204 U.S. 27 SOUTH, SUITE 4
LAKE PLACID FL 33852



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0968199

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

SHECHTMAN, NEIL
204 U.S. 27 SOUTH, SUITE 4
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

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

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 D
NAME SHECHTMAN, NEIL
STREET ADDRESS 204 U.S. 27 SOUTH, SUITE 4
CITY-ST-ZIP LAKE PLACID FL 33852 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/7/03

ATTACHMENT 80117422
NEIL SHECHTMAN, M.D., P.A. P99000104454
INTERNAL MEDICINE

204 U.S. 27 South • Suite #4 • Lake Placid, Florida 33852
Phone (863) 465-7650 • Fax (863) 465-7636

May 6, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee FL 32302-1500

Re: Document # P99000104454

To Whom It May Concern:

Please accept this letter as a request to waive the \$400 late fee. We mailed the Uniform Business Report with a check in early April (see copy). Subsequently, we received our May bank statement and the check had not yet cleared. We then called Tallahassee to find out if you had received it. We were notified you had not. Therefore, we are enclosing a copy of the original we mailed in April and another check. If the prior check arrives, please do not deposit as we have placed a stop payment. Thank you for your consideration on this matter.

Sincerely,



Neil Shechtman, MD