

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105323

1. Entity Name

ERIC M. PACHTER, M.D., P.A.

Principal Place of Business

2420 N UNIV DR
PEMBROKE PINES FL 33024

Mailing Address

3850 NORTH 43RD AVENUE
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0965569

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACNTER, MARCI
3850 N 43RD AVE
HOLLYWOOD FL 33021

Name

MARCI PACHTER

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

3850 N 43RD AVENUE

City

HOLLYWOOD

FL

Zip Code

33021

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

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PACHTER, ERIC M MD
3850 NORTH 43RD AVENUE
HOLLYWOOD FL 33021



TITLE
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CITY-ST-ZIP



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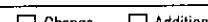
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:

Eric M. Pachter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90454 001 ***150.00

03-01-2001 90454 002 *****8.75

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)