

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90043 024 \*\*\*150.00

**DOCUMENT # S42009**

1. Entity Name  
**STEVEN ZEIG, M.D., P.A.**

Principal Place of Business  
 3700 WASHINGTON ST  
 SUITE 501  
 HOLLYWOOD FL 33021

Mailing Address  
 3702 WASHINGTON STREET  
 SUITE 304  
 HOLLYWOOD FL 33021  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**601 N. Flamingo Rd.**  
 Suite, Apt. #, etc.  
**Suite #104**  
 City & State  
**Pembroke Pines, FL**

3. Mailing Address  
**601 N. Flamingo Rd.**  
 Suite, Apt. #, etc.  
**Suite #104**  
 City & State  
**Pembroke Pines, FL**

Zip  
**33028** Country

4. FEI Number **65-0257569** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ZEIG, STEVEN**  
**3702 WASHINGTON STREET**  
**SUITE 304**  
**HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**601 N. Flamingo Rd.**  
**Suite #104**  
 City **Pembroke Pines** **FL** Zip Code **33028**

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]* DATE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 an officer like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *[Signature]* DATE *[Signature]* DAYTIME PHONE #

CR 21 03x (5/17)



# Vitale & Miller, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

Attachment  
D#S42009  
D074906



The CPA. Never Underestimate The Value. SM

2131 Hollywood Blvd. Suite 102  
Hollywood, FL 33020  
(954) 925-1300  
Fax (954) 921-9576

Outside Broward County - (800) 280-CPA1

Gregory Vitale, C.P.A.\*, CFP  
Leonard E. Miller C.P.A.\*, C.V.A.

July 17, 2000

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Steven Zeig M.D., P.A.  
Uniform Business Report  
FEI Number: 65-0257569

To Whom It May Concern:

The above-named Corporation's Director, Steven Zeig, has asked us to write this letter requesting that the \$400.00 late fee be waived. The Corporation's and the Director's addresses have changed and the Director had never received the original Uniform Business Report. If the Director had received the original Uniform Business Report, he would have filed and paid the \$150.00 due because he is aware of the \$400.00 penalty if not filed. The Director has enclosed a check for the original amount due of \$150.00 and has changed all address boxes on the Report to the new address. Please accept the original amount as payment in full and waive the penalty. If you check your records, this Report has always been filed timely in the past and will be filed timely in the future.

Thank you in advance for your cooperation in this matter, and if you have any questions, please feel free to call.

Sincerely,

Gregory Vitale  
Certified Public Accountant

GV:tvm

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