

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S61187

1. Entity Name

MERZER & FAINTUCH, M.D., P.A.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90060 009 ***150.00

Principal Place of Business

Mailing Address

105 S CONGRESS AVE
ATLANTIS FL 33462

5511 S CONGRESS AVE
105
ATLANTIS FL 33462-1140
US

80033642

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0282004

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

DAMON, CONRAD
C/O COONEY, WARD, LESHOR & DAMON, PA
1555 PALM BEACH LAKES BLVD.
W. PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

(SAME AGENT - DIFFERENT ADDRESS)

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

C/O WARD, DAMON, LESHOR, TITTLE + POSNER
4420 BERGEN CIRCLE

City

WEST PALM BEACH

FL

Zip Code

33407

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS MERZER, RICHARD F. 160 JFK CIRCLE, STE 101 ATLANTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERZER, RICHARD F. 160 JFK CIRCLE, STE 101 ATLANTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAINTUCH, JACK S 160 JFK DRIVE, STE 101 ATLANTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5511 S. CONGRESS AVE #105 ATLANTIS, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5511 S. CONGRESS AVE #105 ATLANTIS, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5511 S. CONGRESS AVE #105 ATLANTIS, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

2/28/00

(561)-967-1801

CR2E034 (9/99)