

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90098 050 \*\*\*158.75

DOCUMENT # **106661**

1. Entity Name

**PAUL ZIDEL MD PA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**301 NW 84<sup>TH</sup> AVE**

Suite, Apt. #, etc.

**SUITE 306**

3. Mailing Address

**700 NW 108<sup>TH</sup> AVE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PLANTATION FLORIDA**

City & State

**PLANTATION FLORIDA**

4. FEI Number

**65-0308723**

Applied For

Not Applicable

Zip

**33324**

Country

**US**

Zip

**33324**

Country

**US**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**PAUL ZIDEL**

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

**700 NW 108<sup>TH</sup> AVE**

City

**PLANTATION**

FL

Zip Code

**33324**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P/D	PAUL ZIDEL MD	301 NW 84 <sup>TH</sup> AVE	PLANTATION FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-02 954 4767989**

Date

Daytime Phone #

CR2ED34B (12/01)

ATTACH # 1066661 / 652280

700 NW 108<sup>th</sup> AVE  
PLANTATION, FLORIDA 33324  
4-29-02

UNIFORM BUSINESS REPORT  
DIVISION of CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500  
To Whom It May Concern:

I DID NOT RECEIVE THE FORMS  
FOR THE UBR for PZ ASSOCIATION INC  
(FEI # 65-0706903) + PAUL ZIDEL MDP  
(FEI # 65-0308723), I REQUESTED THEM  
BY PHONE BUT SINCE I DID NOT GET  
THEM, I TRIED TO FILE ON-LINE BUT COULD  
NOT WITHOUT THE DOCUMENT #, SO I CALLED  
TODAY AND WAS TOLD TO DOWNLOAD THESE  
FORMS + SEND THEM. I HOPE IT IS  
CORRECT! PLEASE INFORM ME IF  
THERE IS A PROBLEM.

THANK YOU  
Paul Zidel