

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51644

1. Entity Name

ST. LUCIE - MARTIN OTOLARYNGOLOGY ASSOCIATES, P.

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90029 005 \*\*\*550.00

Principal Place of Business

1801 S.E. HILLMOOR DR.  
SUITE B-105  
PORT ST. LUCIE FL 34952

Mailing Address

1801 S.E. HILLMOOR DR.  
SUITE B-105  
PORT ST. LUCIE FL 34952

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

65-0349058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ALLEN, RICHARD B.  
1801 S.E. HILLMOOR DR.  
SUITE B-105  
PORT ST. LUCIE FL 34952

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.

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DPSP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ALLEN, RICHARD B.	1801 S.E. HILLMOOR DR.	PORT ST LUCIE FL						
	T			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	LANZA, JOHN T	1801 SE HILLMOOR DR	PORT ST LUCIE FL						
	VP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BERGHASH, LESLIE R.	1801 SE HILLMOOR DR	PT ST LUCIE FL						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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

8/21/2000

Date

561-398-3223

Daytime Phone #

CR2E034 (5/00)