

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51644

1. Entity Name

ST. LUCIE - MARTIN OTOLARYNGOLOGY ASSOCIATES, P.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90306 012 ***150.00

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)