

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90238 036 \*\*\*150.00

**DOCUMENT # V71895**

1. Entity Name  
**BARBARA A. NITSCH, M.D., P.A.**



Principal Place of Business  
**12575 MALLET CIR  
WELLINGTON FL 33414  
US**

Mailing Address  
**1 PALACE PIER CT  
902  
TORONTO, ONTARIO M8-V3W9  
US**



2. Principal Place of Business  
**2618 PLAYERS COURT**

3. Mailing Address  
**2618 PLAYERS COURT**

Suite, Apt. #, etc.  
**\$**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**WELLINGTON FLORIDA.**

City & State  
**WELLINGTON, FLA.**

4. FEI Number **65-0371806**

Applied For  
Not Applicable

Zip **33414**

Country **USA.**

Zip **33414**

Country **USA.**

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

## 6. Name and Address of Current Registered Agent

**FRIEDMAN, ANDREW R.  
5355 TOWN CENTER ROAD  
SUITE 801  
BOCA RATON FL**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NITSCH, BARBARA</b>	
STREET ADDRESS	<b>12575 MALLET CIR</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>NITSCH, BARBARA</b>	
STREET ADDRESS	<b>12575 MALLET CIR</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
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		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2618 PLAYERS COURT</b>	
STREET ADDRESS	<b>WELLINGTON FLA. 33414.</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2618 PLAYERS COURT</b>	
STREET ADDRESS	<b>WELLINGTON FLA. 33414</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB. 10/03.**

Date

**561-818-7648.**

Daytime Phone #

CR2E034 (10/02)