

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90105 011 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 600326
1. Entity Name
FLAGLER MEDICAL ASSOCIATES, P.A.

Principal Place of Business **Mailing Address**
2801 NORTH FLAGLER DRIVE **2801 NORTH FLAGLER DRIVE**
WEST PALM BEACH FL 33407 **WEST PALM BEACH FLA 33407-5215**

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 **59-1199726** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
RATTINGER, MARK D. M.D.
2801 N. FLAGLER DR.
WEST PALM BCH FL 33407

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 \$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	P.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RATTINGER, MARK D		NAME		
STREET ADDRESS	2801 N. FLAGLER DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEINBERG, ROBERT A.		NAME		
STREET ADDRESS	2801 N. FLAGLER DR.		STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROTHMAN, DAVID L.		NAME		
STREET ADDRESS	2801 N FLAGLER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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** **3-20-00** **561-659-7411**
 (Date) (Daytime Phone #)

CR2E034 (9/99)