

2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # F70514

1. Entity Name

DALIA KALAI, M.D., P.A.

Principal Place of Business

5210 Linton Blvd., #307
Delray Beach, FL 33484

Mailing Address

5210 Linton Blvd., #307
Delray Beach, FL 33484-6537

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

59-2188091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Kalai, Dalia
3407 S. Ocean Blvd., #8C
Highland Beach, FL 33487

7. Name and Address of New Registered Agent

Dalia Kalia, M.D.

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

3407 S. Ocean Blvd., #8C

City Highland Beach

FL

Zip 33487

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)

11/14/00

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

TITLE PD
NAME Kalai, Dalia
STREET ADDRESS 3407 S. Ocean Blvd., #8C
CITY-ST-ZIP Highland Beach, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME Plotkin, Adam
STREET ADDRESS 5210 Linton Blvd., #307
CITY-ST-ZIP Delray Beach, FL 33484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

DALIA KALAI, M.D.

Date

11/14/00

Daytime Phone #

561-499-0660

FILED

00 NOV 30 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)