

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90189 040 \*\*\*150.00

DOCUMENT # **P01000048633**



1. Entity Name  
**NEWMAN & WEINER PODIATRY, P.A.**

Principal Place of Business  
**1555 PALM BEACH LAKES BLVD.  
SUITE 1510  
WEST PALM BEACH FL 33401**

Mailing Address  
**1555 PALM BEACH LAKES BLVD.  
SUITE 1510  
WEST PALM BEACH FL 33401**



2. Principal Place of Business  
**4895 WINDWARD PASSAGE DR**

3. Mailing Address  
**4895 WINDWARD PASSAGE DR**

Suite, Apt. #, etc.  
**STE 7**

Suite, Apt. #, etc.  
**STE 7**

City & State  
**BOYNTON BEACH, FL**

City & State  
**BOYNTON BCH, FL**

CHECK HERE IF MAKING CHANGES

Zip  
**33436**

Country  
**USA**

Zip  
**33436**

Country  
**USA**

4. FEI Number **65-1107812**

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

**LESHER, GERALD S**  
**1555 PALM BEACH LAKES BLVD.**  
**SUITE 1510**  
**WEST PALM BEACH FL 33401**

Name  
**NEWMAN, JAY R**

Street Address (P.O. Box Number is Not Acceptable)  
**4895 WINDWARD PASSAGE DR**

**STE 7**

City  
**BOYNTON BCH**

FL

Zip Code  
**33436**

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)

**1/15/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>NOWHAN, OUY</b>	
STREET ADDRESS <b>4595 WINDWARD PLAZA DR, STE 7</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FL 33436</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME <b>WETR, PAUL</b>	
STREET ADDRESS <b>4595 WINDWARD PLAZA DR, STE 7</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FL 33436</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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>PA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NEWMAN, JAY</b>	
STREET ADDRESS <b>4895 WINDWARD PASSAGE DR STE 7</b>	
CITY-ST-ZIP <b>BOYNTON BEACH, FL 33436</b>	
TITLE <b>PA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEINER, PAUL</b>	
STREET ADDRESS <b>4895 WINDWARD PASSAGE DR STE 7</b>	
CITY-ST-ZIP <b>BOYNTON BEACH, FL 33436</b>	
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

**1/15/03** **(561) 369-4455**

Date Daytime Phone #

CR2E034 (10/02)