

**2000 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P96000078618

FILED

1. Entity Name  
**GENERAL MEDICAL ASSOCIATES, INC.**

00 JUN 16 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
500 AUSTRALIAN AVENUE S. SUITE 1000  
W. PALM BEACH, FL 33401

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 Applied For  
65-0710915 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

NOEL J. GUILLAMA  
5100 TOWN CENTER CIRCLE S/560  
BOCA RATON, FLORIDA 33486-1008

Name LAZARO J. MUR, ESQUIRE  
Street Address (P.O. Box Number is Not Acceptable) 2665 S. BAYSHORE DRIVE  
SUITE 703  
City COCONUT GROVE FL Zip Code 33133

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 LAZARO J. MUR, ESQUIRE **000003296380--3**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 06/20/00 \*\*\*2391.22/4400.00

9. This corporation is eligible to satisfy its Intangible Tax filing requirements 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	<input checked="" type="checkbox"/> Delete
NAME	NOEL J. GUILLAMA	
STREET ADDRESS	5100 TOWN CENTER CIRCLE S/560	
CITY-ST-ZIP	BOCA RATON, FLORIDA 33486	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SHARON SCHROEDER	
STREET ADDRESS	5100 TOWN CENTER CIRCLE S/560	
CITY-ST-ZIP	BOCA RATON, FLORIDA 33486	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED STERNBERG	
STREET ADDRESS	500 AUSTRALIAN AVENUE S.	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBBIE FINNEL	
STREET ADDRESS	500 AUSTRALIAN AVENUE S.	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL CAHR	
STREET ADDRESS	500 AUSTRALIAN AVENUE	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL PRESTE	
STREET ADDRESS	500 AUSTRALIAN AVENUE S.	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVIN HEIMAN	
STREET ADDRESS	500 AUSTRALIAN AVENUE S.	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID GARTNER	
STREET ADDRESS	500 AUSTRALIAN AVENUE S.	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	

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: DAVID GARTNER 4/25/00 561 805-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

ATTN: HILTI  
DOC# P96000078618

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ADDITIONAL OFFICERS FOR GENERAL MEDICAL ASSOCIATES, INC.

D  
MARK GERSTENFELD  
500 AUSTRALIAN AVENUE S.  
W. PALM BEACH, FL 33401

D  
KARL SACHS  
500 AUSTRALIAN AVENUE S.  
W. PALM BEACH, FL 33401