

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000079418

FILED  
Jan 12, 2002 8:00 AM  
Secretary of State

**Entity Name:** NURSING HOME PHYSICIANS, P.A.

**Current Principal Place of Business:**

501 PHILLIPS DR.  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

501 PHILLIPS DR.  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 65-0941830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIDSEG, GLENN  
501 PHILLIPS DR.  
BOCA RATON, FL 33432

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Delete  
Name: GIDSEG, GLENN  
Address: 501 PHILLIPS DR  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition  
Name: GOLDMINTZ, KIM  
Address: 423 COCONUT ISLE  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: ST (X) Change ( ) Addition  
Name: GIDSEG, GLENN  
Address: 501 PHILLIPS DR  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** GLENN GIDSEG

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01/12/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date