2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # 470256

1. Entity Name

Principal Place of Business

SIGNATURE:

BURGER AND GOLDSTEIN M.D.'S P.A.

1501 FOREST F SUITE 101 W. PALM BEACUS	H FL 33406-6		1501 FOREST HILL BLVD. SUITE 101 W. PALM BEACH FL 33406-6081 US					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			•	DO NOT WRITE IN THIS SPACE	
City & State			City & State			4.	I. FEI Number 59-1576110 Applied For	
Zip		Country	Zip	Country		5.	i. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current			egistered Agent		1	7.	. Name and Address of New Registered Agent	
BURGER, LEWIS J. 1501 FOREST HILL BLVD., SUITE 101 W. PALM BEACH FL 33406					Street Address (P.O. Box Number is Not Acceptable) 1501 Forest Hill Blvd., Suite #101 City Palm Beach, FL 334 City Palm Beach, FL 344 City Palm			
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								
Tax filing re		ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00 of State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	20	OFFICERS AND D		12.	1		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP		LEWIS J. REST HILL BLVD. BEACH FL	☐ Delete			1501	ER, LEWIS J Forest Hill Blvd, Suite #101 Palm Beach, FL 33406-6081	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1501 FO	GOLDSTEIN, MARK 1501 FOREST HILL BLVD.				1501	stein, Mark Forest Hill Blvd., Suite #101 Palm Beach, FL 33406-6081	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete				☐ Change ☐ Addition	
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 regeliver or trustee ampowered 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 addless, with all grief like empowered.								

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90105 038 ***150.00

561-968-6767

Daytime Phone #

04/18/00