

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90013 043 ***150.00

DOCUMENT # 509813

1. Entity Name

JELLINGER, NOVAK, GELMAN & LERMAN, M.D., P.A.

Principal Place of Business

1150 N 35TH AVE
 SUITE 590
 HOLLYWOOD FL 33021
 US

Mailing Address

1150 N 35TH AVE
 SUITE 590
 HOLLYWOOD FL 33021-5468
 US

AAU10300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

~~GELBER & COMPANY~~
 285 N.W. 199th STREET, #204

City & State

MIAMI, FL 33169

4. FEI Number

59-1681317

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRESS, MARTIN
 500 E. BROWARD BLVD.
 FT. LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	JELLINGER, PAUL S	
STREET ADDRESS	1150 N 35TH AVE, SUITE 590	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	NOVAK, STEPHEN B	
STREET ADDRESS	1150 N 35TH AVE, SUITE 590	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GELMAN, KENNETH	
STREET ADDRESS	1150 N 35TH AVE, SUITE 590	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LERMAN, SAM	
STREET ADDRESS	1150 N 35TH AVE, SUITE 590	
CITY-ST-ZIP	HOLLYWOOD FL	
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"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

1/21/00 (954) 963-7100