

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91022 011 ***150.00

DOCUMENT # 576989

1. Entity Name
JAY W. EDELBERG, M.D., P.A.



Principal Place of Business
~~168 UNIVERSITY BLVD., N.~~ **3693 Coastal**
JACKSONVILLE FL 32250
US

Mailing Address
~~168 UNIVERSITY BLVD., N.~~ **3693 Coastal View Dr**
JACKSONVILLE FL 32250
US

2. Principal Place of Business
3693 Coastal View Dr
Suite, Apt. #, etc.

3. Mailing Address
3693 Coastal View Dr
Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32250

Country
USA

Zip
32250

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1835469** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ASBURY, LLOYD T.
214 N. CLAY STREET
JACKSONVILLE FL 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD EDELBERG, JAY W 168 UNIVERSITY BLVD., N. 3693 Coastal View Dr JACKSONVILLE FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/8/2003
Date

Daytime Phone #

CR2E034 (10/02)