

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # 600848**1. Entity Name
ROSENBERG, HOLT, ZINSER & GANELES, P.A.

Principal Place of Business

901 NORTH FLAGLER DR

WEST PALM BEACH
33401

FL

Mailing Address

901 NORTH FLAGLER DR

WEST PALM BEACH
33401

FL

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

59-1234582

Applied For

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

VEGOSEN, DEAN, ESQ.
251 ROYAL PALM WAYPALM BEACH
33480

FL

7. Name and Address of New Registered Agent

Name

HOLT ROBERT LD.M.D.

Street Address (P.O. Box Number is Not Acceptable)
901 NORTH FLAGLER DRIVECity
WEST PALM BEACH

FL

Zip Code
33401

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 **ROBERT L. HOLT, D.M.D., PH.D.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

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, 2001 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		<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	PSD	<input type="checkbox"/> Delete
NAME	ROSENBERG, MARVIN M.	
STREET ADDRESS	901 N FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
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	TRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANELES JEFFREY D.M.D.	
STREET ADDRESS	901 NORTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZINSER PHILIP JD.D.S.	
STREET ADDRESS	901 NORTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLT ROBERT LD.M.D.	
STREET ADDRESS	901 NORTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG MARVIN MD.D.S.	
STREET ADDRESS	901 N FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **ROBERT L. HOLT, D.M.D., Ph.D.**

VP

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)