

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90153 043 ***150.00

037633 AV

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1. Entity Name
ROSENBERG, HOLT, ZINSER & GANELES, P.A.



Principal Place of Business
**901 NORTH FLAGLER DR
WEST PALM BEACH FL 33401**

Mailing Address
**901 NORTH FLAGLER DR
WEST PALM BEACH FL 33401**



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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLT, ROBERT L DMD PHD
901 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401**

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

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

(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 **PSD** ☐ Delete
NAME **ROSENBERG, MARVIN M D.D.S.**
STREET ADDRESS **901 N FLAGLER DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VP** ☐ Change ☒ Addition
NAME **Gutierrez, Mauricio**
STREET ADDRESS **901 N. Flagler Drive**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **VP** ☐ Delete
NAME **HOLT, ROBERT L D.M.D.**
STREET ADDRESS **901 NORTH FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **VP** ☒ Delete
NAME **ZINSER, PHILIP J D.D.S.**
STREET ADDRESS **901 NORTH FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **SEC** ☐ Delete
NAME **GANELES, JEFFREY D.M.D.**
STREET ADDRESS **901 NORTH FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **T** ☐ Delete
NAME **NORKIN, FREDERIC J DMD**
STREET ADDRESS **901 N FLAGLER DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

561-655-1700

Daytime Phone #

CR2E034 (10/02)