

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90087 030 \*\*\*150.00

**DOCUMENT # 601518**

1. Entity Name  
**MORTON ROSENBLUTH DDS PA**



Principal Place of Business  
**1166 KANE CONCOURSE  
SUITE 300  
BAY HARBOR ISLAND FL 33154  
US**

Mailing Address  
**1166 KANE CONCOURSE  
SUITE 300  
BAY HARBOR FL 33154  
US**

**11000370**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1274545**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENBLUTH, MORTON  
1166 KANE CONCOURSE  
SUITE 300  
BAY HARBOR ISLANDS FL 33154**

Name

**Morton Rosenbluth, D.D.S.**

Str.

**1048 Kane Concourse**

**Bay Harbor Islands, FL 33154**

City

**(305) 867-0005**

**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

**4/15/03**

**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. DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **ROSENBLUTH, MORTON**  
STREET ADDRESS **1166 KANE CONCOURSE, SUITE 300**  
CITY-ST-ZIP **BAY HARBOR ISLAND FL**

TITLE **Morton Rosenbluth, D.D.S.** ☒ Change ☐ Addition  
NAME **1048 Kane Concourse**  
STREET ADDRESS **Bay Harbor Islands, FL 33154**  
CITY-ST-ZIP **(305) 867-0005**

TITLE **S** ☐ Delete  
NAME **GERONEMUS, ALFRED**  
STREET ADDRESS **5426 NW 42 AVE**  
CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
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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

**4/15/03**

**(305) 867-0005**

Daytime Phone #

CR2E034 (10/02)