

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90042 038 ***150.00

DOCUMENT # **602804**

1. Entity Name
ROY H. BRESKY, M.D., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
950 N. FEDERAL HWY

Suite, Apt. #, etc.
SUITE 109

City & State
POMPANO BEACH, FL

Zip Country
33062 USA

3. Mailing Address
950 N. FEDERAL HWY

Suite, Apt. #, etc.
SUITE 109

City & State
POMPANO BEACH, FL

Zip Country
33062 USA

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4. FEI Number
59-1346493

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **GEORGE E. EDWARDS, ESQ**

Street Address (P.O. Box Number is Not Acceptable)
**950 N. FEDERAL HIGHWAY
SUITE 109**

City **POMPANO BEACH FL** Zip Code **33062**

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **PD**
NAME **ROY H. BRESKY**
STREET ADDRESS **7379 SEDONA WAY**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Roy H. Bresky* **02-01-03** **561-637-0480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)