

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90165 034 ***150.00

DOCUMENT # 623870

1. Entity Name
JACOB NUDEL, M.D., P.A.



Principal Place of Business
PO BOX 812217
BOCA RATON FL 33451

Mailing Address
PO BOX 812217
BOCA RATON FL 33451



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1912794**

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

FREDERICK, GUTTLE
2650 NORTH MILITARY TRAIL
BOCA RATON FL 33431

Name **FREDERIC I. GOTTLIEB**
Street Address (P.O. Box Number is Not Acceptable)
100 N.E. THIRD AVENUE
SUITE 490
City **FT. LAUDERDALE FL** Zip Code **33301**

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

3/6/03

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **NUDEL, JACOB**
STREET ADDRESS **PO BOX 812217**
CITY-ST-ZIP **BOCA RATON FL 33451**

TITLE ☒ Change ☐ Addition
NAME **P.O. BOX 812217**
STREET ADDRESS **33481**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NUDEL, JACOB**
STREET ADDRESS **PO BOX 812217**
CITY-ST-ZIP **BOCA RATON FL 33481**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **33481**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/03 954 4621114

CR2E034 (10/02)