

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90066 042 ***150.00

DOCUMENT # 677389

1. Entity Name
JAMES M. COOPER, M.D., P.A.

Principal Place of Business
1411 N. FLAGLER DRIVE
SUITE #4900
WEST PALM BEACH FL 33401

Mailing Address
1411 N. FLAGLER DRIVE
SUITE #4900
WEST PALM BEACH FL 33401



2. Principal Place of Business
1515 North Flagler Drive

3. Mailing Address
1515 North Flagler Drive

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.
Suite 800

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number **59-2009213**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
33401

Country
USA

Zip
33401

Country
USA

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

COOPER, JAMES M M.D.
1411 N. FLAGLER DRIVE
SUITE #4900
WEST PALM BEACH FL 33401

Name *James M. Cooper, M.D.*

Street Address (P.O. Box Number if Not Acceptable)
4301 Magnolia Street

City *Palm Beach Gardens* **FL** Zip Code *33418-3929*

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

X SIGNATURE *James M. Cooper, M.D.*
 Signature of James M. Cooper, M.D. of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

3/6/2002
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COOPER, JAMES M M.D. 4301 MAGNOLIA DR PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James M. Cooper, M.D.* *3/6/2002* *561-833-1683*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66666666

CR2E034 (9/01)