

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90146 034 \*\*\*550.00

**DOCUMENT # 690114**

1. Entity Name  
**PAUL H. NILOFF, M.D., P.A.**

Principal Place of Business <b>2889 10TH AVE N          SUITE 303          LAKE WORTH FL 33461          US</b>	Mailing Address <b>2889 10TH AVE N          SUITE 303          LAKE WORTH FL 33461          US</b>
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2. Principal Place of Business <b>3170 S. OCEAN BLVD.,          Suite, Apt. #, etc.          N 406</b>	3. Mailing Address <b>3170 S. OCEAN BLVD.,          Suite, Apt. #, etc.          N 406</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>PALM BEACH, FL</b>	City & State <b>PALM BEACH, FL</b>	4. FEI Number <b>59-2100446</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33480</b>	Country <b>USA</b>	Zip <b>33480</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>NILOFF, PAUL H., M.D.          2887 LAKE WORTH ROAD          LAKE WORTH FL</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>PST</b> <b>NILOFF, PAUL H., M.D.</b> <b>2889 10TH AVE N SUITE 303</b> <b>LAKE WORTH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3170 S. OCEAN BLVD., APT. N-406</b> <b>PALM BEACH, FL. 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NILOFF, PAUL H., M.D.</b> <b>2889 10TH AVE N SUITE 303</b> <b>LAKE WORTH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3170 S. OCEAN BLVD., APT. N-406</b> <b>PALM BEACH, FL. 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:** *(Signature)* **RECEIVED** **JULY 6, 2000** **(561) 985-8177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PAUL H. NILOFF, M.D.** Date Daytime Phone #