2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 691992

Entity Name

MONROE NELSON BENAIM, M.D., P.A.

Principal Place of Business Mailing Address								
MONROE N. BENAIM, M.D., P.A. COASTAL WAY IPITER FL-33477-5002		% Monroe N. Benaim. M.D P.A. 102 Coastal Way Jupiter Fl. 33477-5002						
		Ser a cines and the	•			LIGARIA GIRGA NATAR SAGRA ÁRRIA RAMA DA CARRA GARRA ARRA ALGUA ARRA ALGUA ARRA ALGUA ARRA ALGUA		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & Stat	e	City & State	City & State			4. FEI Number 59-2093089 Applied For Not Applicable		
Zip	Country	Zip	Country		5.	5. Certificate of Status Desired See Required \$8.75 Additional		
6. Name and Address of Current Registered Age				7. Name and Address of New Registered Agent				
				Name				
BENAIM, MONROE N., MD 102 COASTAL WAY				Street A	reet Address (P.O. Box Number is Not Acceptable)			
JUPI	TER FL:33477							
				City FL Zip Code				
Tax filing requirement and elects to do so. After M			(NOTE: Registered Agent signature required E-NOW!!! FEE-IS \$150.00 MAY 1, 2000 Fee will be \$550.00 ck Payable to Department of Sta		50.00			
———	OFFICERS AN	ID DIRECTORS	12.	·		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE HAME TREET ADDRESS HTY-ST-ZIP	DP Delete BENAIN, MONROE N MD 102 COASTAL WAY		TITLE NAM STRE		.	im, MONROE N NO. Spelling		
TILE	EE Delete AE Engrav V VICEOUS V V VICEOUS V V VICEOUS V V V VICEOUS V V V V V V V V V V V V V V V V V V V			E ET ADDRESS -ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS DITY-ST-ZIP	☐ Delete					☐ Change ☐ Addition		
ITLE NAME STREET ADORESS STY-ST-ZIP		☐ Delete				☐ Change ☐ Addition		
ITLE		☐ Delete	TITLE	E		☐ Change ☐ Addition		
AME ==			NAM	F				

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2-10-00

561-747-1111

☐ Change

☐ Addition

Daytime Phone #

FILED

Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90020 036 ***150.00

CR2E034 (9/96