

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90316 047 \*\*\*150.00

**DOCUMENT # F01000000493**

**1. Entity Name**  
**CMS OPERATIONS NEW JERSEY, INC.**



**Principal Place of Business**  
**4800 N. FEDERAL HIGHWAY**  
**STE 200B**  
**BOCA RATON FL 33431**

**Mailing Address**  
**4800 N. FEDERAL HIGHWAY**  
**STE 200B**  
**BOCA RATON FL 33431**

**7700 Congress Avenue 7700 Congress Avenue**

**Suite, Apt. #, etc.**  
**Suite 3213-3214 Suite 3213-3214**

**City & State**  
**Boca Raton, FL Boca Raton, FL**

**Zip Country**  
**33487 USA 33487 USA**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **22-3726232** **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **Zip Code**

**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** **N/A** **(NOTE: Registered Agent signature required when reinstating)** **DATE**

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>GAZE, PETER M.R.</b> <b>4800 N. FEDERAL HIGHWAY, SUITE 200-B</b> <b>BOCA RATON FL 33431</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VSD</b> <b>LEVINE, STEVEN J</b> <b>4800 N. FEDERAL HIGHWAY, SUITE 200-B</b> <b>BOCA RATON FL 33431</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>OLBERT, ANN M</b> <b>4800 N. FEDERAL HIGHWAY, SUITE 200-B</b> <b>BOCA RATON FL 33431</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS</b> <b>SCHOENFELD, ELI D</b> <b>ONE DAG HAMMARSKJOLD PLAZA</b> <b>NEW YORK NY 10017</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS</b> <b>GEBHARD, ROGER</b> <b>4800 N. FEDERAL HIGHWAY, SUITE 200-B</b> <b>BOCA RATON FL 33431</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T/AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 REQUIRED**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2/27/2003 (561) 368-3899**

**Date Daytime Phone #**

CR2E034 (10/02)