

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000000861

FILED  
Jan 24, 2002 8:00 AM  
Secretary of State

Entity Name: PARK AVENUE SENIOR MEDICINE, P.C.

## Current Principal Place of Business:

ONE NORTH LEXINGTON AVE  
WHITE PLAINS, NY 10601

## New Principal Place of Business:

## Current Mailing Address:

ONE NORTH LEXINGTON AVE  
WHITE PLAINS, NY 10601

## New Mailing Address:

FEI Number: 13-4146693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NATIONSCORP REGISTERED AGENTS INC  
526 E PARK AVE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KAPLAN, MITCHEL MD  
Address: 10 MARBOURNE DR  
City-St-Zip: MAMARONECK, NY 10543

Title: S ( ) Delete  
Name: SUSSMAN, DANIEL MD  
Address: 241 W 23RD ST R  
City-St-Zip: NEW YORK, NY 10011

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KAPLAN, MITCHEL MD  
Address: 10 MARBOURNE DR  
City-St-Zip: MAMARONECK, NY 10543

Title: V (X) Change ( ) Addition  
Name: SUSSMAN, DANIEL MD  
Address: 241 W 23RD ST R  
City-St-Zip: NEW YORK, NY 10011

Title: V ( ) Change (X) Addition  
Name: WOLFSON, MITCHELL MD  
Address: 1260 HASTINGS STREET  
City-St-Zip: TEANECK, NJ 07666

Title: S/T ( ) Change (X) Addition  
Name: BLASS, JOEL MD  
Address: 212 MADISON STREET  
City-St-Zip: HOBOKEN, NJ 07030

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHEL KAPLAN, MD

P

01/24/2002

Electronic Signature of Signing Officer or Director

Date