

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F22310**

1. Entity Name

STEPHEN R. GELLER, M.D., F.A.C.S., P.A.

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90169 001 ***550.00

AV 2801800

Principal Place of Business

3000 UNIVERSITY DRIVE , SUITE G
% STEPHEN R. GELLER
CORAL SPRINGS FL 33065

Mailing Address

3000 UNIVERSITY DRIVE , SUITE G
% STEPHEN R. GELLER
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1913663

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELLER, STEPHEN R.
3000 UNIVERSITY DRIVE , SUITE G
CORAL SPRINGS FL 33065

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

Signature, typed or printed name of registered agent and title if applicable

(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, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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 PD ☐ Delete
NAME GELLER, STEPHEN R.
STREET ADDRESS 3000 UNIVERSITY DR., #G
CITY-ST-ZIP CORAL SPRINGS FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD ☐ Delete
NAME GELLER, BARBARA
STREET ADDRESS 3000 UNIVERSITY DR., #G
CITY-ST-ZIP CORAL SPRINGS FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 employment.

SIGNATURE:

753-8010

954
753-8010

CR2E034 (4/02)