

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90010 030 ***150.00

DOCUMENT # F80870

1. Entity Name

THOMAS J. PANGIA, M.D., P.A.

Principal Place of Business

Mailing Address

C/O PANGIA & COMPANY, CPA, PC
 55 MARKET ST.
 PUGHKEEPSIE NY 12601
 US

% THOMAS J PANGIA, M.D.
 1920 PALM BEACH LAKES BLVD, SUITE 215
 WEST PALM BEACH FL 33409-3506



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1920 PALM BEACH LAKES BLVD

C/O PANGIA + CO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4215

55 MARKET ST.

City & State

City & State

WEST PALM BEACH, FL

POUGHKEEPSIE, NY

4. FEI Number

59-2200520

Applied For

Not Applicable

Zip

Country

Zip

Country

33409

USA

11761

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PANGIA, THOMAS J., M.D.
1920 PALM BEACH LAKES BLVD, STE 215
WEST PALM BEACH FL

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	<input type="checkbox"/> Delete
PD	PANGIA, THOMAS J MD	1920 PALM BCH LAKE #215	W PALM BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00
Date

561-689-9100
Daytime Phone #