

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

03 JAN 10 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97104**

1. Entity Name
Roni Sehayik, M.D., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1983 PGA Blvd
Suite, Apt. #, etc.

3. Mailing Address
1983 PGA Blvd.
Suite, Apt. #, etc.

City & State
North Palm Beach, FL

City & State
NORTH PALM BEACH, FL

Zip
33408

Country
USA

Zip
33408

Country
USA

000010016270
DO NOT WRITE IN THIS SPACE
12-20-02 01059 005 \$150.00

4. FEI Number
59-221263

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
RONI SEHAYIK

Street Address (P.O. Box Number is Not Acceptable)
1983 PGA Blvd.

City
NORTH PALM BEACH FL

Zip Code
33408

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 *Roni Sehayik*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + DIRECTOR RONI SEHAYIK 1983 PGA BLVD North Palm Beach, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Roni Sehayik* **1/9/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

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11521 U.S. Highway 1
Palm Beach Gardens, FL 33410

January 9, 2003

Mr. Sean Toner
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Roni Sehayik, M.D., P.A. 2003 UBR

Dear Sean:

As previously discussed, I am working with Dr. Sehayik to have him reinstated with the Division of Corporations. The check mailed in December 2002 included payment for 2003.

Per your instructions, Dr. Sehayik has completed the 2003 UBR and we request that the overpayment made in 2002 be applied to his 2003 fee due.

I am submitting this form and request for the overpayment to be applied to the 2003 fee, on behalf of Dr. Sehayik.

If you have any questions, please contact me at 561-691-3465.

Thank you.

Very truly yours,

Christine A. Pavek
Vice President
Relationship Manager