

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90043-010-\$550.00-\$550.00

DOCUMENT # F99000005010

1. Entity Name

ADVANCED VEINSOLUTION, PC

FILED

00 OCT 27 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

200 Glades Rd
Boca Raton, FL 33432

Mailing Address

475 MORRIS AVENUE
SPRINGFIELD NJ 07081

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-3611591

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional-
Fee Required

DO NOT WRITE IN THIS SPACE

Registered Agent

7. Name and Address of New Registered Agent

GOLDSTEIN, JERROLD DR.
200 GLADES ROAD, SUITE 1
BOCA RATON FL 33432

Dr. Jerrald Goldstein
200 Glades Road Suite 1
Boca Raton, FL 33432

8. 7

registered

SIG

Registered Agent signature required when reinstating

9-13-00
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, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GOLDSTEIN, JERROLD B DR. 475 MORRIS AVENUE SPRINGFIELD NJ 07081	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 empow

SIGNATURE:

SIGNATURE REQU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

9-13-00

Daytime Phone #

(908)
276-1037

CR2E034 (500)