

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91778 012 ***150.00

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DOCUMENT # F99000005010

1. Entity Name

ADVANCED VEINSOLUTION, PC

Principal Place of Business

**2500 N. MILITARY TRAIL
 SUITE 130
 BOCA RATON FL 33431**

Mailing Address

**475 MORRIS AVE.
 SPRINGFIELD NJ 07081-1005**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2500 N. Military Trail
 Suite, Apt. #, etc.
 SUITE 130**

3. Mailing Address

**475 Morris Ave.
 Suite, Apt. #, etc.**

City & State

BOCA RATON, FL

City & State

Springfield, NJ

Zip

33431

Country

USA

Zip

07081-1005

Country

USA

4. FEI Number

22-3611591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GOLDSTEIN, JERROLD DR.
 2500 N. MILITARY TRAIL
 SUITE 130
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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

5/1/02

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, 2002 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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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 empowered.

SIGNATURE:

Dr. Jerrold B. Goldstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerrold Goldstein

5/1/2002 (973) 921-9500

Daytime Phone #

CR2E034 (9/01)