

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G36529

FILED  
Jan 09, 2003  
Secretary of State

Entity Name: RUSSELL B. STOCH, D.M.D., P.A.

**Current Principal Place of Business:**

840 US 1 SUITE 200  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

840 US 1 SUITE 200  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 59-2280173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOCH, RUSSELL B., D.M.D.  
840 U.S. HWY ONE #200  
NORTH PALM BEACH, FL 33408

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: STOCH, RUSSELL B., D., M.D  
Address: 840 U.S. HWY ONE #200  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D ( ) Delete  
Name: STOCH, RUSSELL B., D., M.D  
Address: 840 U.S. HWY ONE #200  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: STOCH, RUSSELL B., D., M.D  
Address: 840 U.S. HWY ONE #200  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL B. STOCH, D.M.D.

PST/

01/09/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date