

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90011 036 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # H02683

1. Entity Name
SUSAN PULS, M.D., P.A.

Principal Place of Business

**341 OREGON LANE
 BOCA RATON FL 33487
 US**

Mailing Address

**341 OREGON LANE
 BOCA RATON FL 33487
 US**

2. Principal Place of Business

831 SW 34 Ave

Suite, Apt. #, etc.

3. Mailing Address

831 SW 34 Ave

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

59-2411591

Applied For

Not Applicable

Zip

33435

Country

US

Zip

33435

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PULS, SUSAN M.D.
 341 OREGON LANE
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name **PULS, SUSAN M.D.**

Street Address (P.O. Box Number is Not Acceptable)
831 S.W. 34 Ave

City **Boynton Beach**

FL

Zip Code

33435

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 *Susan Puls*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/02

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, 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	PDT	<input type="checkbox"/> Delete
NAME	PULS, SUSAN M.D.	
STREET ADDRESS	341 OREGON LN	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/DLS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULS, SUSAN M.D.	
STREET ADDRESS	831 SW 34 Ave	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE E. PULS	
STREET ADDRESS	831 SW 34 Ave	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Susan Puls* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02

Date

561-212-7550

Daytime Phone #

CR2E034 (9/01)