

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 12, 2001 8:00 am
Secretary of State**

06-12-2001 90001 001 ***550.00

DOCUMENT # J33401

1. Entity Name

JAMES P. VAN GELDER, M.D., P.A.

Principal Place of Business

Mailing Address

**1150 NW 35TH AVENUE
SUITE 240
HOLLYWOOD FL 33021
US****1150 N 35TH AVENUE
SUITE 240
HOLLYWOOD FL 33021
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2723638**

Applied F

Not Applic

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN GELDER, JAMES P., M.D.
1150 N 35TH AVENUE
SUITE 240
HOLLYWOOD FL 33021**

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May
Added to Fee**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**
NAME **VAN GELDER, JAMES P., MD**
STREET ADDRESS **1150 N 35TH AVE., #240**
CITY-ST-ZIP **HOLLYWOOD FL**☐ DeleteTITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #