

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90043 037 ***150.00

DOCUMENT # J40687

1. Entity Name
 GOLD COAST MEDICAL GROUP, INC.

Principal Place of Business **Mailing Address**
 2280 W. ATLANTIC AVENUE 2280 W. ATLANTIC AVE.
 DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445

00001954

2. Principal Place of Business **3. Mailing Address**
 2280 W. ATLANTIC AVE. 2280 W. ATLANTIC AVE.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State** **4. FEI Number** **Applied For**
 DELRAY BEACH FL. DELRAY BEACH, FL 59-2735791 ☐ Not Applicable

Zip **Country** **Zip** **Country** **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**
 33445 U.S.A. 33445 U.S.A. ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

CHODOS, ARTHUR R.
 2629 N.W. 27th TERRACE
 BOCA RATON, FL 33434

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 (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. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing Trust Fund Contribution.** **\$5.00 May Be Added to Fees**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00** ☐ ☐

Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D CHODOS, ARTHUR R. 2629 N.W. 27th TERRACE BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Arthur Chodos* **ARTHUR CHODOS, PRES.** **4/10/01** **561-278-3134**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)