2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

J59353

THEODOR V. B. VON ZIELINSKI, M.D., PROFESSIONAL **ASSOCIATION**



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90253 024 ***150.00

						COO 1	ETRIS					
Principal Plac		S		ng Address								
777 37TH ST			777 :	777 37TH ST						90002	カワワ	
SUITE C-104			SUIT	SUITE C-104						AUUUE,	211	
VERO BCH FL 32960				VERO BCH FL 32960						 	OMBIL ERBSI (BA)	
										3181 8181 8181	615); 818)) (96)	
2. Principal Place of Business				3. Mailing Address					1 1981141 BIOL BISIE 46168 (1181 DISE DISE	i ninit ntati dinit	EFEST BEGIS 1865	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Create				0				L				
City & State				City & State				4. ⊦	El Number 59-2780731	├	Applied For	
Zip Country			Zin	Zip Countr							Not Applicable	
Zip Godinay			-	l Zip			5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current F				Registered Agent				7. Name and Address of New Registered Agent				
v. Humo und Address of Gurrent riegistered Agent						Name			and and reduced of flow flogistere	·		
VON ZIELINSKI, THEODOR V. B., M.D.				-			•					
777 37TH ST				Street A			ddress (F	P.O. Bo	ox Number is Not Acceptable)			
SUITE C-1												
		4										
VERO BCH FL 32960									F	Zip Co	de	
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. am familiar with, and accept												
the obligations of registered agent.												
7												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	u Caraina	2 FEE 10 0450 00		1								
		FEE IS \$150.00 Fee will be \$550.00							9. Election Campaign Financing	\$5.0	00 May Be	
		Florida Department o	State						Trust Fund Contribution.		d to Fees	
10.	\.	OFFICERS AND)DC	11.			ADI	DITIONS/CHANGES TO OFFICERS A	ND DIDECTOR	30 IN 44	
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12. I hereby o	ertify that the	information supplied with	this filing	does not qualify for	the exer	nption state	ed in Sec	tion 1	19.07(3)(i), Florida Statutes. I further o	ertify that the i	nformation	

12. 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 10 or Block 11 if changed, or on an attachment with an address,

SIGNATURE:

SENATOTE REDUITEDOR V.B. VON ZIELINSKI, M.D. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #