

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91595 018 \*\*\*150.00

**DOCUMENT # J89370**

1. Entity Name  
**AGUIRRE INTERNAL MEDICINE GROUP  
 OF THE PALM BEACHES, P.A.**

Principal Place of Business      Mailing Address

**6215 SOUTH DIXIE  
 HIGHWAY  
 WEST PALM BEACH, FL 33405**      **SAME**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2851001**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BRAHM D. LEVINE  
 515 N. FLAGLER DR. #300-P  
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

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. ☐ (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 Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, S, T GERARDO AGUIRRE 6215 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405</b> <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	<b>D, P KELLI AGUIRRE 6215 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405</b> <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)(l), 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:  **04/20/01** **561-582-1049**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/00)