

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90131 022 \*\*\*150.00

**DOCUMENT # L10037**

1. Entity Name  
**HOWARD BUTLER, M.D., P.A.**

Principal Place of Business

% KIRK FRIEDLAND  
 501 S FLAGLER DR #505  
 WEST PALM BEACH FL 33401

Mailing Address

% KIRK FRIEDLAND  
 501 S FLAGLER DR #505  
 WEST PALM BEACH FL 33401

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 **65-0129430**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDLAND, KIRK  
 501 S FLAGLER DR  
 SUITE 505  
 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

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, 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSD BUTLER, HOWARD, M.D.** ☐ Delete  
**5301 S CONGRESS AVE**  
**ATLANTIS FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V MERRELL, WILLIAM S** ☒ Delete  
**5301 SOUTH CONGRESS AVE**  
**ATLANTIS FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V BOYLE, THOMAS P** ☐ Delete  
**5301 SOUTH CONGRESS AVE**  
**ATLANTIS FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V BAJAKIAN, RICHARD L** ☒ Delete  
**5301 SOUTH CONGRESS AVE**  
**ATLANTIS FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V STANTON, WILLIAM** ☐ Delete  
**5301 SOUTH CONGRESS AVE**  
**ATLANTIS FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2002 (561) 642-3727

Date Daytime Phone #

CR2E034 (9/01)

ATTACH #110037/645679

**KIRK FRIEDLAND**

**Attorney at Law**

501 South Flagler Drive, Suite 505

West Palm Beach, Florida 33401

April 19, 2002

Telephone: (561) 655-8200

Fax: (561) 655-1389

E-Mail: [kirklaw@gate.net](mailto:kirklaw@gate.net)

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: Uniform Business Report**

Dear Sir or Madam:

I have enclosed the 2002 Uniform Business Reports and filing fees for the following corporations:

1. Howard Butler, M.D., P.A.
2. Endovascular Specialists

If you have any comments or questions, please call me.

Very truly yours,

A handwritten signature in black ink, appearing to read "Kirk Friedland", written over a horizontal line.

Kirk Friedland

KEF/kp  
Enclosures