


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

07-21-2003 90358 015 ***150.00

DOCUMENT # L15563					
1. Entity Name REGIONAL ASSOCIATES, INC.					
Principal Place of Business 1708 N FEDERAL HWY LAKE WORTH FL 33460			Mailing Address 7805 S FLAGLER DR W PALM BCH FL 33405		
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 NOT APPLICABLE	
				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
D'ANGIO, ROBERT A., JR. 218 DATURA ST WEST PALM BEACH FL 33460			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEUER, DAVID D., D.D.S.		NAME		
STREET ADDRESS	1708 N FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENDRUSCHAT, ALBERT J.DDS		NAME		
STREET ADDRESS	1708 N FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADLER, MOSHE		NAME		
STREET ADDRESS	1718 N FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOBER, STANLEY M.D.		NAME		
STREET ADDRESS	1718 N. FEDERAL HWY.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCADIS, ISAAC M.D.		NAME		
STREET ADDRESS	1718 N. FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 7-16-03 Daytime Phone: 561-582-5794					

CR2E034 (4/03)

attachment

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#15563

Memorandum

To: Division of Corporations- FL Dept of State
From: Regional Associates- Beth Marcadis
Date: 07/30/03
Re: Uniform Business Report

I did not receive notice of this annual report fee in February as is normal. My first notification was in June with the late fee added. My accountant called your office in Tallahassee and was told to write a memo explaining what had happened and send the normal fee of \$150.00. I did this and mailed it in the envelope provided. It was returned to me with the cover letter enclosed. I again called your office and spoke to Marquetta. She told me to send another letter of explanation and use the P>O. Box 6327 address and no further fee would be required. This will hopefully resolve the situation. Thank you for your help.

Beth Marcadis