

FILED
May 09, 2003 8:00 am
Secretary of State

04-23-2003 90123 018 ***150.00

4/23/

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L 54817

1. Entity Name

MEDICAL ARTS PRACTICE MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

55039275

2. Principal Place of Business

566 SE 15TH AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

Zip

33435

Country

PALM BEACH

Zip

Country

4. FEI Number

65-0195320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Eric Buchwald

Street Address (P.O. Box Number is Not Acceptable)

566 SE 15th Ave

City

Boynton Beach

FL

Zip Code

33435

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

Eric Buchwald, President

5-5-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PS	BUCHWALD, ERIC	566 SE 15TH AVE.	BOYNTON BEACH, FL 33435

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-03

CR2E034B (12/02)