

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L88288

FILED  
Apr 22, 2003  
Secretary of State

Entity Name: KENNETH PALESTRANT, M.D., P.A.

**Current Principal Place of Business:**

804 SE PORTAGE AVE  
PORT ST LUCIE, FL 34984 US

**New Principal Place of Business:**

**Current Mailing Address:**

804 SE PORTAGE AVE  
PORT ST LUCIE, FL 34984 US

**New Mailing Address:**

FEI Number: 65-0210776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PALESTRANT, KENNETH  
804 SE PORTAGE AVE  
PORT ST LUCIE, FL 34984 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PALESTRANT, KENNETH  
Address: 804 SE PORTAGE AVE  
City-St-Zip: PORT ST LUCIE, FL 34984

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH PALESTRANT

P

04/22/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date