

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90214 007 ***550.00

A0073646



DO NOT WRITE IN THIS SPACE

DOCUMENT # L92174

1. Entity Name
PALMS WEST OB/GYN ASSOCIATES, P.A.

Principal Place of Business

13005 SOUTHERN BLVD.
 S-211
 LOXAHATCHEE FL 33470

Mailing Address

13005 SOUTHERN BLVD.
 S-211
 LOXAHATCHEE FL 33470

2. Principal Place of Business

12953 PALMS WEST DRIVE
 Suite, Apt. #, etc.
SUITE 101
 City & State
LOXAHATCHEE, FL
 Zip
33470 Country
PALM BEACH

3. Mailing Address

12953 PALMS WEST DRIVE
 Suite, Apt. #, etc.
SUITE 101
 City & State
LOXAHATCHEE, FL
 Zip
33470 Country
PALM BEACH

4. FEI Number

65-0214458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARINEAU, EDWARD JAMES
 13005 SOUTHERN BLVD.
 S-211
 LOXAHATCHEE FL 33470

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 **EDWARD JAMES MARINEAU**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-16-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	MARINEAU, EDWARD JAMES	
STREET ADDRESS	13005 SOUTHERN BLVD, #211	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VADESCRUZ, RAUL C.	
STREET ADDRESS	13005 SOUTHERN BLVD #211	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINEAU, EDWARD J.	
STREET ADDRESS	12953 PALMS WEST DRIVE, #101	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VADESCRUZ, RAUL C.	
STREET ADDRESS	12953 PALMS WEST DRIVE, #101	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOWLTON, SARAH	
STREET ADDRESS	12953 PALMS WEST DRIVE, #101	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

EDWARD JAMES MARINEAU

8-16-00

561 795-2400

Date

Daytime Phone #

CR2E034 (5/00)