

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001141

1. Entity Name

INTERNAL MEDICINE SPECIALISTS OF THE PALM BEACHE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 16 PM 4:29

Principal Place of Business

8190 OKEECHOBEE BLVD
WEST PALM BEACH FL 33411

Mailing Address

8190 OKEECHOBEE BLVD
WEST PALM BEACH FL 33411-2001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0855083

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAGLIOCCA, GENNARO MD FACP
8190 OKEECHOBEE BLVD
WEST PALM BEACH FL 33411

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GENNARO SAGLIOCCA, MD, FACP
STREET ADDRESS 8190 OKEECHOBEE BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33411

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

TITLE MGRM ☐ Delete
NAME CHIDESTER, MICHAEL MD
STREET ADDRESS 8190 OKEECHOBEE BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33411

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

TITLE MGRM ☐ Delete
NAME SHULDINER, MARC MD
STREET ADDRESS 8190 OKEECHOBEE BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33411

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)