2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000135

1. Entity Name

ASSOCIATED FAMILY PHYSICIANS OF BOCA RATON, P.L.

FILED

00 JAN 24 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9910 SANDLEFOOT BLVD.. SUITE 1 BOCA RATON FL 33428-6692	9910 SANDLEFOOT BLVD.. SUITE 1 BOCA RATON FL 33428-6692

DO NOT WRITE IN THIS SPACE

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 ☑ Applied For ☐ Not Applicable

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
KORNBERG, JOEL M.D. 7301-A WEST PALMETTO PARK ROAD, SUITE 305C BOCA RATON FL 33433	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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete LYNDA ALTMAN, M.D., P.A. 9910 SANDLEFOOT BLVD., SUITE 1 BOCA RATON FL 33428-6692	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900099119 -02/01/00--0 *****50.00 ☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete STEPHEN E. BLOOM, M.D., P.A. 9910 SANDLEFOOT BLVD., SUITE 1 BOCA RATON FL 33428-6692	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete MITCHELL E. GOLDSTEIN, D.O., P.A. 9910 SANDLEFOOT BLVD., SUITE 1 BOCA RATON FL 33428-6692	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐

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 #