

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000135

1. Entity Name

ASSOCIATED FAMILY PHYSICIANS OF BOCA RATON, P.L.

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90037 009 *****50.00

Principal Place of Business

9910 SANDLEFOOT BLVD., SUITE 1
BOCA RATON FL 33428-6692

Mailing Address

9910 SANDLEFOOT BLVD., SUITE 1
BOCA RATON FL 33428-6692

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

65-0885445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORNBERG, JOEL M.D.
7301-A WEST PALMETTO PARK ROAD, SUITE 305C
BOCA RATON FL 33433

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LYNDAL ALTMAN, M.D., P.A.
STREET ADDRESS 9910 SANDLEFOOT BLVD., SUITE 1
CITY-ST-ZIP BOCA RATON FL 33428-6692 ☐ Delete

TITLE MGR
NAME UTAMSINGH, DUSHYANT
STREET ADDRESS 9910 SANDLEFOOT BLVD. SUITE 1
CITY-ST-ZIP BOCA RATON FL 33428-6692 ☐ Delete

TITLE MGR
NAME MITCHELL E. GOLDSTEIN, D.O., P.A.
STREET ADDRESS 9910 SANDLEFOOT BLVD., SUITE 1
CITY-ST-ZIP BOCA RATON FL 33428-6692 ☐ Delete

TITLE MGR
NAME BARRUW, OWEN A MD, PA
STREET ADDRESS 9910 SANDLEFOOT BLVD., SUITE 1
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

1/18/01

561-483-0069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)