

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0034014

DOCUMENT # L99000000633

1. Entity Name
PROFESSIONAL INSURANCE ENTERPRISES, L.C.

02 MAY 31 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2499 W. GLADES RD., SUITE 207
BOCA RATON FL 33431**

Mailing Address
**P.O. BOX 871
DEERFIELD BEACH FL 33443-0871**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0892084**

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

**GROGAN, P. ANTHONY
649 U.S. HWY ONE, SUITE 3
NORTH PALM BEACH FL 33408**

Name **Henry M. Lennon, B.D.S.**
Street Address (P.O. Box Number is Not Acceptable) **2499 W Glades Rd #207**
Boca Raton
City **FL** Zip Code **33431**

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**

**300005610933--0
-05/27/02--01003--004
*****311.25 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **LENNON, HENRY B.D.S.**
STREET ADDRESS **2499 GLADES ROAD, #207**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **MGRM** ☐ Delete
NAME **WEINER, HOWARD M.D.**
STREET ADDRESS **9980 CENTRAL PARK BLVD., #102**
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE **MGRM** ☒ Delete
NAME **NADEL, JEFFREY C.P.A.**
STREET ADDRESS **6540 N.W. 10TH COURT**
CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE **MGRM** ☐ Delete
NAME **AUDETTE, JOHN**
STREET ADDRESS **649 U.S. HWY ONE**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☒ Change ☐ Addition
NAME **Audette, John**
STREET ADDRESS **100 Spanish Court**
CITY-ST-ZIP **Boca Raton FL 33432**

TITLE **MGRM** ☐ Delete
NAME **BURKE, ROBERT M.D.**
STREET ADDRESS **5405 OKEECHOBEE BLVD., #101**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: **Audette** 4/26/02 (305) 785-8964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)