

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000000711

1. Entity Name

PALM BEACH SURGERY, P.L.

00 MAY 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1201 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401

Mailing Address

1201 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401-3515



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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONAS, MICHAEL N P.A.
1645 PALM BEACH LAKES BLVD.
SUITE 1000
WEST PALM BEACH FL 33401

Name

I. SHASHA

Street Address (P.O. Box Number is Not Acceptable)

1201 N. OLIVE AVE.

1

City W. P. B.

FL

Zip Code

33401

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 ☐ Delete
NAME MGRM
STREET ADDRESS HIGGINS, DANIEL
CITY-ST-ZIP 1201 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200003283692--4
CITY-ST-ZIP -06/09/00--01113--004
*****50.00 *****50.00

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS HUVAL, WILLIAM V
CITY-ST-ZIP 2511 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407

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

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS LIEBMAN, PAUL R
CITY-ST-ZIP 2511 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407

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

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS PATTEN, MICHAEL T
CITY-ST-ZIP 2511 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407

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

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS SHASHA, ITZHAK I
CITY-ST-ZIP 1201 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

5/18/00 (561)-605-4334

CR25083 (9/99)