

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M93955

1. Entity Name

MIL-LAKE MEDICAL CENTER P.A.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90242 043 ***150.00

Principal Place of Business

Mailing Address

4617-19 LAKE WORTH ROAD
LAKE WORTH FL 33463

4617-19 LAKE WORTH ROAD
LAKE WORTH FL 33463

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

65-0068270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABELLARD, DAVID M.D.
1036 ISLAND SHORES DR
W P B FL 33413

Name

Denise Manning

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

780 Ranch Road

City

West Palm Beach FL

Zip Code

33411

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

David Abellard

1/10/00 Denise Manning

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Delete
NAME	ABELLARD, DAVID M	
STREET ADDRESS	1036 ISLAND SHORES DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	ABELLARD, DAVID M	
STREET ADDRESS	1036 ISLAND SHORES DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	(T) Wyslaine Lamontagne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7462 Sally Lynn Lane	
STREET ADDRESS	LW, FL 33467	* Treasurer
CITY-ST-ZIP		
TITLE	(S) Lodie Pierre-Louis, MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9369 Olmstead Drive	
STREET ADDRESS	LW, FL 33467	* Secretary
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Abellard

David Abellard, M.D.

Date

Daytime Phone #

1/10/00 (561) 433-0446

CR2E034 (9/99)