

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90316 028 ****70.00

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DOCUMENT # N00000001847

1. Entity Name

THE FLORIDA CHAPTER OF THE AMERICAN ACADEMY OF M

Principal Place of Business

1411 N FLAGLER DR. SUITE 8800
WEST PALM BEACH FL 33401

Mailing Address

1411 N FLAGLER DR. SUITE 8800
WEST PALM BEACH FL 33401

00024874



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1120 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Singer Island, Florida

4. FEI Number

65-0996788

Applied For

Not Applicable

Zip

Country

Zip

33404

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIBLASIO, GARY
1411 N FLAGLER DR, SUITE 8800
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name GARY DIBLASIO M.D.

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

1120 CORAL WAY

City Singer Island

FL

Zip Code

33404

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

03-07-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
GARY DIBLASIO M.D.
1120 CORAL WAY
Singer Island, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
RONALD STERN, MD
5191 S. BABCOCK ST.
PALM BAY, FL 32905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
S/T
LAM AU, M.D. PHD
9275 S.W. 15th ST., #108A
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
KEVIN SIMMONS, MD
3083 N. RIO PINO
INDIAN LANTIC, FL 32903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
WILLIAM STAGER D.O.
2617 N. FLAGLER DR. #111
WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
LYNN DOLSON MD
1849 SIDED COURT
TALLAHASSEE, FL 32308

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)