

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39054

1. Entity Name

PALM MEDICAL GROUP, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90006 014 ****61.25

0028858

Principal Place of Business

500 W. CYPRESS CREEK ROAD
SUITE 460
FT. LAUDERDALE FL 33309

Mailing Address

500 W. CYPRESS CREEK ROAD
SUITE 460
FT. LAUDERDALE FL 33309

2. Principal Place of Business

6499 Powerline rd

3. Mailing Address

6499 Powerline rd

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

Suite 206

City & State

FT. Lauderdale FL

City & State

FT Lauderdale FL

Zip

33309

Country

Zip

33309

Country

4. FEI Number

65-0305028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PARISH, DAVID
701 BRICKELL AVE
19TH FLOOR
MIAMI FL 33131

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 \$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 P/D
NAME ROSENKRANTZ, CARL M
STREET ADDRESS 5352 LINTON BLVD.
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE S/D
NAME GRAUBERT, ALAN
STREET ADDRESS 2684 EDGEWATER DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33332 ☐ Delete

TITLE T/D
NAME SCHNEIDER, ALAN A
STREET ADDRESS 5801 NORTH DIXIE HWY.
CITY-ST-ZIP FORT LAUDERDALE FL 33334 ☐ Delete

TITLE VP/D
NAME GOLDSTEIN, MITCHELL E
STREET ADDRESS 9910 SANDLEFOOT BLVD., #1
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE D
NAME KOTZEN, STEPHEN
STREET ADDRESS 16800 NW 2 AVE., #202
CITY-ST-ZIP N. MIAMI BEACH FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-02 561-498-3172

CR2E037 (9/01)