

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90289 025 \*\*\*\*\*75.00

0006901

**DOCUMENT # N39054**

1. Entity Name

**PALM MEDICAL GROUP, INC.**



Principal Place of Business

**6499 POWERLINE RD  
SUITE 2-6  
FT. LAUDERDALE FL 33309**

Mailing Address

**6499 POWERLINE RD  
SUITE 2-6  
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

**2900 GLADES Circle  
Suite Apt. #, etc.  
500**

3. Mailing Address

**2900 GLADES Circle  
Suite, Apt. #, etc.  
500**

City & State

**Weston, FL**

City & State

**Weston, FL**

Zip

**33332**

Country

**USA**

Zip

**33332**

Country

**USA**

4. FEI Number **65-0305028**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

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 **ALAN J. GRAUBERT MD**  
Street Address (B.O. Box Number is Not Acceptable)  
**2900 GLADES Circle  
Suite 500**  
City **Weston** FL **33332**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**ALAN J. GRAUBERT MD**  
(NOTE: Registered Agent signature required when replacing)

**8/7/03**

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution.

☒ **\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **S/D** ☐ Delete  
NAME **GRAUBERT, ALAN**  
STREET ADDRESS **2664 EDGEWATER DRIVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33332**

TITLE **P/D** ☐ Delete  
NAME **SCHNEIDER, ALAN A**  
STREET ADDRESS **5601 NORTH DIXIE HWY.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

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

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

TITLE **D** ☐ Delete  
NAME **Silbert, Alan M.**  
STREET ADDRESS **9526 NE 2nd Ave**  
CITY-ST-ZIP **Miami, FL 33138**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **- COB** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P/MD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2650 Oakmont**  
CITY-ST-ZIP **Weston, FL 33332**

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

TITLE **Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME **Ritians Aurelio**  
STREET ADDRESS **10263 SW 67 Ave.**  
CITY-ST-ZIP **Miami, FL 33156**

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 equal-like employment.

SIGNATURE:

**SIGNATURE REQUIRED**

**8/07/03**

**954-384-1174**

CR2E037 (4/03)