

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90100 003 ***150.00

DOCUMENT # P00000000683

1. Entity Name

CENTURY MEDICAL ASSOCIATES, INC.

Principal Place of Business

**9070 KIMBERLY BLVD., SUITE 22
 BOCA RATON FL 33434**

Mailing Address

**9070 KIMBERLY BLVD., SUITE 22
 BOCA RATON FL 33434**

2. Principal Place of Business

C/O W.J. TREMBLAY, P.A.

3. Mailing Address

C/O W.J. TREMBLAY, P.A.

Suite, Apt. #, etc.

1801 S. FEDERAL HWY. STE 219

Suite, Apt. #, etc.

1801 S. FEDERAL HWY. STE 219

City & State

DELRAY BEACH, FL.

City & State

DELRAY BEACH, FL.

Zip

33483

Country

USA

Zip

33483

Country

USA

4. FEI Number

65-0981253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**W.J. TREMBLAY, P.A.
 1801 SOUTH FEDERAL HIGHWAY SUITE 219
 DELRAY BEACH FL 33483**

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

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, 2001 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

TITLE **PVST** ☐ Delete
 NAME **NIERENBERG, RICHARD H**
 STREET ADDRESS **9070 KIMBERLY BLVD., SUITE 22**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **D** ☒ Delete
 NAME **NIERENBERG, RICHARD H**
 STREET ADDRESS **9070 KIMBERLY BLVD., SUITE 22**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD H. NIERENBERG

Date

1/31/01

Daytime Phone #

561-243-6355

CR2E034 (10/00)