4.

FILED
Jun 19, 2001 8:00 am
Secretary of State

04-19-2001 90063 007 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026089

1. Entity Name

HOWARD J. GELB, M.D., P.A.

(LA)

Principal Place of Business	Mailing Address
C/O HOLTZMAN, KRINZMAN, ET. AL. 2601 SOUTH BAYSHORE DRIVE #600 MIAMI FL 33133	C/O HOLTZMAN, KRINZMAN, ET. AL. 2601 SOUTH BAYSHORE DRIVE #600 MIAMI FL 33133

74798

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9980 Central Park Blvd, North		9980 Central Park Blvd, North	
Suite, Apt. #, etc.: Suite 118		Suite, Apt. #, etc.: Suite 118	
City & State: Boca Raton, Florida		City & State: Boca Raton, Florida	
Zip: 33428	Country	Zip: 33428	Country

4. FEI Number: 65-0989760 ☐ 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
HKE&F REGISTERED AGENT CORP. 2601 SOUTH BAYSHORE DRIVE SUITE 600 MIAMI FL 33133	Name: Howard J. Gelb, M.D. Street Address (P.O. Box Number is Not Acceptable): 9980 Central Park Blvd. North Suite 118 City: Boca Raton FL Zip Code: 33428

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: Howard Jay Gelb MD HOWARD J. GELB MD DATE: 6/9/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GELB, HOWARD J M.D. 2601 SOUTH BAYSHORE DRIVE #600 MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Howard J. Gelb M.D 9980 Central Park Blvd. North, Suite 118 Boca Raton, Fl 33428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Howard Gelb HOWARD GELB MD 5/4/01 561-558-8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #