2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90158 021 ***150.00

DOCUMENT # P00000026089

1. Entity Name
HOWARD J. GELB, M.D., P.A.

Principal Place of Business	Mailing Address
9980 CENTRAL PARK BLVD NORTH	9980 CENTRAL PARK BLVD NORTH
SUITE 118	SUITE 118
BOCA RATON FL 33428	BOCA RATON FL 33428

2. Principal Place of Business	3. Mailing Address
9980 Central Park Blvd N	9980 Central Park Blvd N.
Suite, Apt. #, etc.: Suite 222	Suite, Apt. #, etc.: Suite 222
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33428 / Country:	Zip: 33428 / Country:

☐ CHECK HERE IF MAKING CHANGES

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
GELB, HOWARD J MD	Name: Howard J Gelb MD
9980 CENTRAL PARK BLVD NORTH	Street Address (P.O. Box Number is Not Acceptable): 9980 Central Park Blvd N.
SUITE 18	Suite 222
BOCA RATON FL 33428	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. I am familiar with, and accept the obligations of registered agent.

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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GELB, HOWARD J M.D. 9980 CENTRAL PARK BLVD N. SUITE 118 BOCA RATON FL 33428 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Howard J Gelb MD 9980 Central Park Blvd N Suite 222 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 (10/02)

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 607, 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 ______ 2/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #