

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000036672

1. Entity Name
 RICHARD W. POMERANTZ, M.D., P.A.

Principal Place of Business 3355 BURNS ROAD STE 304 PALM BEACH FL 33410	Mailing Address 3355 BURNS ROAD STE 304 PALM BEACH FL 33410
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2. Principal Place of Business 3375 BURNS ROAD	3. Mailing Address PO BOX 30849
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Suite, Apt. #, etc. STE 203	Suite, Apt. #, etc.
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City & State PALM BEACH GARDENS FL	City & State PALM BEACH GARDENS FL
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Zip 33410	Country	Zip 33420	Country
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4. FEI Number 65-0995990	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POMERANTZ RICHARD
 3355 BURNS ROAD STE 304

 PALM BEACH FL
 33410

7. Name and Address of New Registered Agent

Name
 POMERANTZ RICHARD
 Street Address (P.O. Box Number is Not Acceptable)
 3375 BURNS ROAD
 STE 203
 City
 PALM BEACH GARDENS FL Zip Code
 33410

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 **RICHARD W POMERANTZ**

04/29/2001

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 P	<input type="checkbox"/> Delete
NAME POMERANTZ RICHARD W	
STREET ADDRESS 3355 BURNS ROAD STE 304	
CITY-ST-ZIP PALM BEACH FL 33410	
TITLE P	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POMERANTZ RICHARD WDR	
STREET ADDRESS 3375 BURNS ROAD STE 203	
CITY-ST-ZIP PALM BEACH GARDENS FL 33410	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **RICHARD W POMERANTZ**

P

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)