

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State
 03-13-2001 90001 009 ***150.00

0320797

DOCUMENT # P0000037321

1. Entity Name
THE CENTER FOR INTEGRATED MEDICINE, P.A.

Principal Place of Business Mailing Address
7583 SPRINGFIELD LAKE DRIVE **7583 SPRINGFIELD LAKE DRIVE**
LAKE WORTH FL 33467 **LAKE WORTH FL 33467**

2. Principal Place of Business 3. Mailing Address
2601 N. Flagler Drive **2601 N. Flagler Drive**

Suite, Apt. #, etc. Suite, Apt. #, etc.
104 **# 104**

City & State City & State
West Palm Beach, FL **West Palm Beach, FL**

Zip Country Zip Country
33407 **PalmBch** **33407** **Palm Beach**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0993143 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

CAFARELLI, DAVID F
7583 SPRINGFIELD LAKE DRIVE
LAKE WORTH FL 33467

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PVST CARARELLI, DAVID F 7583 SPRINGFIELD LAKE DRIVE LAKE WORTH FL 33467	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Cafarelli* 2/13/01 561 657-3031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)