

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90166 038 ***150.00

DOCUMENT # P00000038241

1. Entity Name

PALM BEACH PEDIATRIC UROLOGY, P.A.

Principal Place of Business

**54 NE FOURTH AVENUE
DELRAY BEACH FL 33483**

Mailing Address

**54 NE FOURTH AVENUE
DELRAY BEACH FL 33483**

2. Principal Place of Business

10301 HAGEN RANCH RD

Suite, Apt. #, etc.

#720

City & State

BOYNTON BEACH, FL

Zip

33437

Country

3. Mailing Address

10301 HAGEN RANCH RD

Suite, Apt. #, etc.

#720

City & State

BOYNTON BEACH, FL

Zip

33437

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1001161

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

**FLACK, CHARLES E M.D.
PALM BEACH PEDIATRIC UROLOGY, P.A.
10301 HAGEN RANCH ROAD, SUITE 720
BOYNTON BEACH FL 33437**

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

Charles E. Flack

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FLACK, CHARLES E MD	
STREET ADDRESS	921 SW 35TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Charles E. Flack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01
Date

561-736-7313
Daytime Phone #

CR2E034 (10/00)