

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068164

1. Entity Name

LAUREEN M. FLECK, ARNP, P.A.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90071 047 \*\*\*150.00

Principal Place of Business

21401 GOSIER WAY  
 BOCA RATON FL 33428

Mailing Address

21401 GOSIER WAY  
 BOCA RATON FL 33428

80043904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5458 Town Center Road

3. Mailing Address

Suite, Apt. #, etc.  
 Suite #8

Suite, Apt. #, etc.

City & State  
 Boca Raton, Florida

City & State

4. FEI Number

#65-1025214

Applied For

Not Applicable

Zip  
 33486

Country  
 USA

Zip

Country

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

STEIN, ZOLTAN  
 2300 GLADES ROAD STE 415 EAST  
 BOCA RATON FL 33431

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

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 FLECK, LAUREEN M  
 21401 GOSIER WAY  
 BOCA RATON FL 33428 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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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

Laureen M Fleck ARNP Director 4/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)