

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000092406

FILED
Jan 15, 2002 8:00 AM
Secretary of State

Entity Name: GOLD COAST MEDICAL, P.A.

Current Principal Place of Business:

15127 JOG RD
106
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

Current Mailing Address:

15127 JOG RD
106
DELRAY BEACH, FL 33446 US

New Mailing Address:

FEI Number: 52-2267249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIPPER, JEFFREY A
234 ALEXANDER PALM
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ZIPPER, JEFFREY A
Address: 234 ALEXANDER PALM RD
City-St-Zip: BOCA RATON, FL 33432 US

Title: SEC () Delete
Name: PARNES, TODD DR.
Address: 107 BELMONT PL
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: TREA () Delete
Name: ZIPPER, SUSAN B
Address: 360 COCONUT PALM RD
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN B. ZIPPER

TREA

01/15/2002

Electronic Signature of Signing Officer or Director

Date