2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000111389 **DOCUMENT #**

1. Entity Name

RICHARD P. MARGOLIES, M.D., P.A.



FILED Jul 28, 2003 8:00 am Secretary of State

07-28-2003 90145 024 ***550.00

Principal Plac 3355 BURNS 1 PALM BEACH	RD #205		3355	Mailing Address 3355 BURNS RD #205 PALM BEACH GARDENS FL 33410								
2. Principal Place of Business				3. Mailing Address					1 (88)(88) (() 88)(() 88)(() 88)(() 88)(() 88)(()	KA AL ab a Rada	I), de nne e she n e e	611 7 1811 1881
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. F	FEI Number 65-1062341		<u> </u>	plied For t Applicable
Zip		Country	Zip	Zip Cour			itry . 5		Certificate of Status Desired		8.75 Addee Required	
6. Name and Address of Current R				egistered Agent			7. Name and Address of New Registered Age				ent	
MARGOLIES, RICHARD P MD 3355 BURNS RD SUITE 205						Street Address (P.O. Box Number is Not Acceptable)						
WEST PALM BEACH FL 33410						City	FL ^z				Zip Code	9
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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
_:	Signature, typed	or printed name of registered agent		plicable. (NOTE:	Registered	1 Agent signati	re required w	hen re	instating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								ì	Election Campaign Financia Trust Fund Contribution.	rg 🗀		May Be to Fees
10. OFFICERS AND D				IRECTORS 11.				AD	DITIONS/CHANGES TO OFFICER	S AND D	IRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3355 BURI	s, Richard P NS RD., #205 Ch Gardens FL 334	10	☐ Delete						[_ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· .		☐ Delete			,	-			Change	Addition
TITLE		च्या :		☐ Delete	1	~		-	्र प्राथम क	. [Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			,				☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Delete] Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD P MARGOLIES