

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112088

1. Entity Name  
CENTER FOR PROGRESSIVE MEDICINE OF FORT  
LAUDERDALE, INC.

Principal Place of Business Mailing Address  
100 S.E. 15th Avenue 100 S.E. 15th Avenue  
Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301

2. Principal Place of Business 3. Mailing Address  
100 S.E. 15th Avenue 100 S.E. 15th Avenue

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Fort Lauderdale, FL Fort Lauderdale, FL

Zip Country Zip Country  
33301 USA 33301 USA

05/16/01-90390-032 \$150.00

4. FEI Number Applied For  
651060757 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID J. BLYWEISS  
100 S.E. 15th Avenue  
Fort Lauderdale, FL 33301

7. Name and Address of New Registered Agent

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

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

TITLE P/S/T/D ☐ Delete  
NAME DAVID J. BLYWEISS  
STREET ADDRESS 100 S.E. 15th Avenue  
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE: David J. Blyweiss  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DAVID J. BLYWEISS

Date 5/16/01 Daytime Phone # (954) 763-1230

FILED

01 OCT -8 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (1/100)