

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90096 045 \*\*\*150.00

**DOCUMENT # P00000114141**

**1. Entity Name**  
**WEST BOCA FAMILY MEDICAL ASSOCIATES, P.A.**

<b>Principal Place of Business</b> <b>9960 CENTRAL PARK BOULEVARD SOUTH</b> <b>SUITE 401</b> <b>BOCA RATON FL 33438</b>	<b>Mailing Address</b> <b>9960 CENTRAL PARK BOULEVARD SOUTH</b> <b>SUITE 401</b> <b>BOCA RATON FL 33438</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 65-1059977		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>DIAMOND, PAUL C DO</b> <b>9960 CENTRAL PARK BOULEVARD SOUTH</b> <b>SUITE 401</b> <b>BOCA RATON FL 33438</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIAMOND, PAUL C DO</b> <b>9960 CENTRAL PARK BOULEVARD SOUTH #401</b> <b>BOCA RATON FL 33438</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** 1/24/2002 361-487-1203  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)