

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000038835

FILED  
Sep 03, 2003  
Secretary of State

**Entity Name:** PHYSICIAN MEDICAL BILLING SERVICES, INC.

## Current Principal Place of Business:

NORTHPOINT SURGERY LASER  
200 NORTHPOINT PARKWAY  
WEST PALM BEACH, FL 33407

## New Principal Place of Business:

1500 N.DIXIE HWY  
#103  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

5305 GREENWOOD AVENUE  
SUITE 101  
WEST PALM BEACH, FL 33407

## New Mailing Address:

1500 N.DIXIE HWY  
SUITE 103  
WEST PALM BEACH, FL 33401

**FEI Number:** 59-2750941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

GILDAN, PHILLIP C ESQ.  
C/O GREENBERG TRAURIG, P.A.  
777 S. FLAGLER DRIVE, SUITE 300-EAST  
WEST PALM BEACH, FL 33401 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

**Election Campaign Financing Trust Fund Contribution ( )**

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: REGENBAUM, SHELDON M.D.  
Address: 5305 GREENWOOD AVENUE SUITE 101  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: CHAITOFF, KEVIN M.D.  
Address: 5305 GREENWOOD AVENUE SUITE 101  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: COONEY, JOHN M.D.  
Address: 5305 GREENWOOD AVENUE SUITE 101  
City-St-Zip: WEST PALM BEACH, FL 33407

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: REGENBAUM, SHELDON M.D.  
Address: 1500 N.DIXIE HWY, SUITE 103  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change ( ) Addition  
Name: CHAITOFF, KEVIN M.D.  
Address: 1500 N.DIXIE HWY, SUITE 103  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change ( ) Addition  
Name: COONEY, JOHN M.D.  
Address: 1500 N.DIXIE HWY, SUITE 103  
City-St-Zip: WEST PALM BEACH, FL 33401

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: SHELDON REGENBAUM, M.D.

DIR

09/03/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date