

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90189 040 ***150.00

DOCUMENT # P01000048633

1. Entity Name
NEWMAN & WEINER PODIATRY, P.A.



Principal Place of Business
**1555 PALM BEACH LAKES BLVD.
SUITE 1510
WEST PALM BEACH FL 33401**

Mailing Address
**1555 PALM BEACH LAKES BLVD.
SUITE 1510
WEST PALM BEACH FL 33401**



2. Principal Place of Business

4895 WINDWARD PASSAGE DR

3. Mailing Address

4895 WINDWARD PASSAGE DR

Suite, Apt. #, etc.

STE 7

Suite, Apt. #, etc.

STE 7

City & State
BOYNTON BEACH, FL

City & State
BOYNTON BCH, FL

Zip
33436

Country
USA

Zip
33436

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1107812**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LESHER, GERALD S
1555 PALM BEACH LAKES BLVD.
SUITE 1510
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **NEWMAN, JAY R**
Street Address (P.O. Box Number is Not Acceptable)
4895 WINDWARD PASSAGE DR
STE 7
City **BOYNTON BCH** FL Zip Code **33436**

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

1/15/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **NOWHAN, OUY**
STREET ADDRESS **4595 WINDWARD PLAZA DR, STE 7**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **PA** ☒ Change ☐ Addition
NAME **NEWMAN, JAY**
STREET ADDRESS **4895 WINDWARD PASSAGE DR STE 7**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **VP** ☒ Delete
NAME **WETR, PAUL**
STREET ADDRESS **4595 WINDWARD PLAZA DR, STE 7**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **PA** ☒ Change ☐ Addition
NAME **WEINER, PAUL**
STREET ADDRESS **4895 WINDWARD PASSAGE DR STE 7**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 (561) 369-4455

Date

Daytime Phone #

CR2E034 (10/02)