

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90052 026 ***150.00

DOCUMENT # P01000073487

1. Entity Name
CARDIOVASCULAR AND THORACIC SURGEONS OF PALM BEACH, P.A.

Principal Place of Business
PO BOX 940
BOYNTON BEACH FL 33425

Mailing Address
PO BOX 940
BOYNTON BEACH FL 33425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5210 Linton Blvd.
Suite 301

3. Mailing Address
5210 Linton Blvd.
Suite 301

City & State
Delray Beach, FL

City & State
Delray Beach, FL

Zip
33484

Country
USA

Zip
33484

Country
USA

4. FEI Number
65-1136344

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

NEWMAN, JEFFREY H
3236 NW 61ST STREET
BOCA RATON FL 33496

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, JEFFREY H		NAME		
STREET ADDRESS	PO BOX 940		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33425		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNN, GEOFFREY M		NAME		
STREET ADDRESS	PO BOX 940		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33425		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, with all other officers empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **2/28/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)