

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90852 025 ***150.00

04933270 AV

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

Principal Place of Business
**5210 LINTON BLVD
SUITE 301
DELRAY BEACH FL 33484**

Mailing Address
**5210 LINTON BLVD
SUITE 301
DELRAY BEACH FL 33484**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-1124093**
Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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

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	D	<input type="checkbox"/> Delete
NAME	NEWMAN, JEFFREY H	
STREET ADDRESS	PO BOX 940	
CITY-ST-ZIP	BOYNTON BEACH FL 33425	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNN, GEOFFREY M	
STREET ADDRESS	PO BOX 940	
CITY-ST-ZIP	BOYNTON BEACH FL 33425	
TITLE		<input type="checkbox"/> Delete
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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 *[Signature]* 2/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E094 (10/02)