

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90097 031 ***150.00

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1. Entity Name
MARLA W. DUDAK, M.D., P.A.



Principal Place of Business
9070 KIMBLERLY BLVD STE 22
BOCA RATON FL 33434

Mailing Address
9070 KIMBLERLY BLVD STE 22
BOCA RATON FL 33434

2. Principal Place of Business

9970 Central Park Blvd. South

Suite, Apt. #, etc.
Suite 200

City & State
Boca Raton, FL

Zip
33428

Country

3. Mailing Address

9970 Central Park Blvd. South

Suite, Apt. #, etc.
Suite 200

City & State
Boca Raton, FL

Zip
33428

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1125804**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISSLER, ROBERT I
150 W FLAGLER ST STE 2200
MIAMI FL 33130

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **DUDAK, MARLA W**
STREET ADDRESS **9070 KIMBLERLY BLVD STE 22**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9970 Central Park Blvd. South**
CITY-ST-ZIP **Boca Raton, FL 33428**

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

TITLE ☐ Change ☐ Addition
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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:

Marla W. Dudak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03
Date

561 482-8887
Daytime Phone #

CR2E034 (10/02)