

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90157 028 ***150.00

DOCUMENT # P01000081449

1. Entity Name

VASCULAR ASSOCIATES OF THE PALM BEACHES, P.A.



DO NOT WRITE IN THIS SPACE

10065121

2. Principal Place of Business
5301 S. Congress Ave.

3. Mailing Address
505 S. Flagler Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1330

DO NOT WRITE IN THIS SPACE

City & State

Atlantis, FL

City & State

W. Palm Beach, FL

4. FEI Number

Applied For

Not Applicable

Zip
33462

Country
USA

Zip
33401

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Kirk Friedland

Street Address (P.O. Box Number is Not Acceptable)
505 S. Flagler Dr., #1330

City
W. Palm Beach

FL

Zip Code
33401

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
V D
NAME
Jack Zeltzer
STREET ADDRESS
4645 South Congress Ave., #100
CITY-ST-ZIP
Lake Worth, FL 33461

TITLE
V D
NAME
Howard Butler
STREET ADDRESS
5301 S. Congress Ave.
CITY-ST-ZIP
Atlantis, FL 33462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)