FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBB)

DOCUMENT#

1. Entity Name

P01000081449

VASCULAR ASSOCIATES OF THE PALM BEACHES, P.A



FILED Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90157 028 ***150.00

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	DO NOT WRIT	- 10 (A) かまか (教)	y" "	100651	21
2. Principal Place of Business 5301 S. Congress Ave.		3. Mailing Address 505 S. Flag		3	
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	Zip 33401	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Security of the second security of the second secon	and the first of the state of the second of	Name	7. Name and Address of Current	Registered Agent
DO NOT W		VRITE	6 6 4 G. G. Burk G	Friedland (P.O. Box Number is Not Acceptable)	
	IN THIS S	PACE	505 8	P.O. Box Number is Not Acceptable. Flagler Dr., #13	30
			City II De	alm Beach	FL Zip Code 33401
8. The above	named entity submits this statemen	nt for the purpose of changing		ed agent, or both, in the State of Flor	
	tions of registered agent.		, 3		, <u> </u>
SIGNATURE .				·	
and the second s	Signature, typed or printed name of registered agnuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	gent and title if applicable. (NOTE: Registered Agent signature required	9. Election Campaign Fina	+0.00 may be
Make Check	Amended UER is \$61.25 Payable to Florida Department	of State		Trust Fund Contribution	. LI Added to Fees
10.	OFFICERS AI	ND DIRECTORS			paragrama ang mga ang Mga ang mga ang
TITLE NAME	V D		TITLE NAME	· · · · · · · · · · · · · · · · · · ·	A STATE OF THE PARTY OF THE PAR
STREET ADDRESS	Jack Zeltzer 4645 South Congres	10 Avo #100	STREET ADDRESS		
CITY-ST-ZIP	Lake Worth, FL 33		CITY-ST-ZIP		Mark Commencer C
TITLE	V D Howard Butler		TITLE		Salata da Area de La Calenda de C Nova de Calenda de Cal
NAME STREET ADDRESS	5301 S. Congress A	lve.	NAME STREET ADDRESS		
CITY-ST-ZIP	Atlantis, FL 3346		CITY - ST - ZIP		
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STREET ADDRESS CITY-ST-ZIP	, i.		STREET ADDRESS	the interpretation of the state	tan dan dan dan dan dan dan dan dan dan d
	ertify that the information supplied a	with this filling does not qualify	· 在2019年中的中央的中央的中央的中央的中央的中央的中央的中央的中央的中央的中央的中央的中央	ction 119.07(3)(i), Florida Statutes. I t	Further partifu that the information
indicated	on this report or supplemental repor	t is true and accurate and the	at my signature shall have the s	ame legal effect as if made under oa	ath; that I am an officer or director

attachment with an address, with

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-655-8200