

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90650 026 ***158.75

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DOCUMENT # P01000086101

1. Entity Name
THE COIN NOBEL CLINIC P.A.

Principal Place of Business
3651 FAU BLVD SUITE 100
BOCA RATON FL 33431

Mailing Address
3651 FAU BLVD SUITE 100
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3651 FAU Blvd

3. Mailing Address
3651 FAU BLVD.

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number
65-113-6224

Applied For
 Not Applicable

Zip
33431

Country
Palm Beach

Zip
33431

Country
Palm Beach

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

6. Name and Address of Current Registered Agent

MILLER, T.
260 CRANDON BLVD C32430
KEY BISCAWAYNE FL 33149

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	COIN, C. GENE MD			
	3651 FAU BLVD SUITE 100			
	BOCA RATON FL 33431			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: **C. G. COIN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 **954-605-7158**
 Date Daytime Phone #

CR2E034 (9/01)