

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90122 031 \*\*\*150.00

**DOCUMENT # P02000000163**

1. Entity Name  
**MEDICAL SPECIALTY ASSOCIATES, P.A.**



Principal Place of Business  
**100 EAST LINTON BOULEVARD, SUITE 105  
DELRAY BEACH FL 33483**

Mailing Address  
**100 EAST LINTON BOULEVARD, SUITE 105  
DELRAY BEACH FL 33483**

2. Principal Place of Business  
**100 EAST LINTON BLVD**

3. Mailing Address  
**100 EAST LINTON BLVD**

Suite, Apt. #, etc.  
**SUITE 303A**

Suite, Apt. #, etc.  
**SUITE 303A**

City & State  
**DELRAY BEACH, FL**

City & State  
**DELRAY BEACH FL**

Zip  
**33483**

Country

Zip  
**33483**

Country  
**33483**

4. FEI Number  
**80-004876**

Applied For  
**Not Applicable**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DATNY, SERGEI M.D.**  
**100 EAST LINTON BOULEVARD, SUITE 105**  
**DELRAY BEACH FL 33483**

Name  
**DATNY SERGET**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 EAST LINTON BLVD**  
**SUITE 303A**  
City  
**DELRAY BEACH** **FL** Zip Code  
**33483**

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 **S. D. M. DATNY SERGET, M.D.**

**3-5-03**

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**  
NAME  
**DATNY, SERGEI M.D.**  
STREET ADDRESS  
**PLAZA AT DELRAY, 1624 S FEDERAL HWY**  
CITY-ST-ZIP  
**DELRAY BEACH FL 33483**

TITLE  
**DATNY, SERGET, M.D.**  
NAME  
**100 EAST LINTON, BLVD, SUITE 303A**  
STREET ADDRESS  
**DELRAY BEACH, FL 33483**  
CITY-ST-ZIP

TITLE  
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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 REQUIRED**

**DATNY SERGET, M.D.**

**3-5-03 5613308307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0431201 AV

CR2E034 (10/02)