

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000006380

1. Entity Name

Palm Beach Total Health Care Inc



FILED

03 MAR 18 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

2828 S. Seacrest Blvd. 2828 S. Seacrest Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#104

#104

City & State

City & State

Brynton Beach

Brynton Beach

Zip

Country

Zip

Country

33435

Palm Beach

33435

Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-03 77623

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Julian Breslow (Julian Breslow)

2828 South Seacrest Blvd.

Suite 104

Brynton Beach

FL

Zip Code  
33435

**DO NOT WRITE  
IN THIS SPACE**

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, name or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January / 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director  
J. Marie Breslow  
2828 S. Seacrest Blvd #104  
Brynton Beach, FL 33435

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Medical Director  
Albert Auld, M.D.  
2828 S. Seacrest Blvd #104  
Brynton Beach, FL 33435

TITLE  
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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:

(Julian Marie Breslow)  
J. Marie Breslow

3/5/03

561-742-7333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)