# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 02, 2003 8:00 am**
**Secretary of State**
05-02-2003 90209 007 ***150.00

DOCUMENT # P02000015937

1. Entity Name
Palm Beach Healthcare Associates, Inc.

**DO NOT WRITE IN THIS SPACE**

11033843

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 900 E, Indiantown Rd. | 900 E. Indiantown Rd. |
| Suite, Apt. #, etc<br>Suite 308 | Suite, Apt. #, etc<br>Suite 308 |
| City & State<br>Jupiter, FL | City & State<br>Jupiter, FL |
| Zip<br>33477 Country | Zip<br>33477 Country |

4. FEI Number
02-0562270
☐ Applied For
☐ Not Applicable

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
Theodore Tarone, Jr.

Street Address (P.O. Box Number is Not Acceptable)
180 Royal Palm Way, Suite 201

City: Palm Beach FL Zip Code: 33480

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D, P, S,<br>Joseph Raich<br>900 E. Indiantown Rd. Ste. 308<br>Jupiter, FL 33477 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D, V-P, T<br>Glenn Stephanos<br>900 E. Indiantown Rd. Ste. 308 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
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CR2E034B (12/02)

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:** _____ Theodore Tarone, Asst. Secretary 4-30-03 (561)832-0272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #