

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90096 040 ***150.00

DOCUMENT # P02000035355



1. Entity Name
JOHNATHAN C. GREENFIELD, M.D., P.A.

Principal Place of Business
**7000 SW 62ND AVENUE SUITE 545
MIAMI FL 33143**

Mailing Address
**7000 SW 62ND AVENUE SUITE 545
MIAMI FL 33143**



2. Principal Place of Business

3. Mailing Address

9083 RUTLEDGE AVE

20423 STATE ROAD NO 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FL-306

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Zip

33434

33498

Country

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

32-0008416

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

Name

JOHNATHAN GREENFIELD

Street Address (P.O. Box Number is Not Acceptable)

9083 RUTLEDGE AVE

City

BOCA RATON

FL

Zip Code

33434

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Johnathan Greenfield

3/10/03

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** ☐ Delete
NAME **GREENFIELD, JOHNATHAN C MD**
STREET ADDRESS **7000 SW 62ND AVENUE SUITE 545**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **P/D** ☒ Change ☒ Addition
NAME **9083 RUTLEDGE AVE**
STREET ADDRESS **BOCA RATON, FL 33434**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

Date

Daytime Phone #

CR2E034 (10/02)