

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90139 035 ***150.00

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DOCUMENT # P02000072415

1. Entity Name
ACUPUNCTURE IN MEDICINE AIM FOR HEALTH, P.A.



Principal Place of Business
**4000 NORTH FEDERAL HIGHWAY
SUITE 201
BOCA RATON FL 33431**

Mailing Address
**4000 NORTH FEDERAL HIGHWAY
SUITE 201
BOCA RATON FL 33431**



2. Principal Place of Business
**20925 Lyons Road
Suite, Apt. #, etc. (LYONS ROAD)
N/A**

3. Mailing Address
**618 NW 89th Ave
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton FL
Zip
33428
Country
USA

City & State
Plantation FL
Zip
33324
Country
USA

4. FEI Number
01-0726631
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LEVINE, JEFFREY A ESQ.
4000 NORTH FEDERAL HIGHWAY
SUITE 201
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name
Patti M. Edelstein, MD
Street Address (P.O. Box Number is Not Acceptable)
618 NW 89th Ave
City
Plantation FL FL Zip Code
33324

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 **PM Edelstein MD** **PM Edelstein MD** **4/13/03**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDELSTEIN, PATTI M M.D. 4000 NORTH FEDERAL HIGHWAY SUITE 201 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDELSTEIN, PATTI M. M.D. 618 NW 89th Ave Plantation, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **PM Edelstein MD** **PM Edelstein MD** **4/13/03** **(561) 644-3257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)