


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90215 031 ***150.00

0190034 AV

DOCUMENT # P02000117233	
1. Entity Name STACEY BOSHNIK JONES, PH.D., P.A.	

Principal Place of Business ONE MEDICAL PLAZA ONE WEST SAMPLE RD., SUITE 104 POMPANO BEACH FL 33064	Mailing Address ONE MEDICAL PLAZA ONE WEST SAMPLE RD., SUITE 104 POMPANO BEACH FL 33064
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2. Principal Place of Business 8479 CORAL WAY Suite, Apt. #, etc.	3. Mailing Address 8479 CORAL WAY Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL
Zip 33155	Zip 33155
Country	Country

4. FEI Number 01-0750706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent JONES, JASON Z 200 S BISCAYNE BLVD STE 2500 MIAMI FL 33131-2336

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.	DATE 3/15/03 (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME JONES, STACEY B	
STREET ADDRESS 8479 CORAL WAY	
CITY-ST-ZIP MIAMI FL 33155	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, STACEY B	
STREET ADDRESS 8479 CORAL WAY	
CITY-ST-ZIP MIAMI, FL 33155	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 3-15-03 Date	DAYTIME PHONE # Daytime Phone #
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CR2E034 (10/02)