

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029496

1. Entity Name
ROCKEFELLER PODIATRY ASSOCIATES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90098 014 ***150.00

Principal Place of Business
2151 ALT. A1A SOUTH
#1350
JUPITER FL 33477

Mailing Address
2151 ALT. A1A SOUTH
#1350
JUPITER FL 33477

2. Principal Place of Business
675 W. INDIAN TOWN RD
Suite, Apt. #, etc.
SUITE 102

3. Mailing Address
PO BOX 1527
Suite, Apt. #, etc.

City & State
JUPITER FL

City & State
JUPITER FL

Zip
33458

Country
USA

Zip
33468

Country
USA

4. FEI Number 65-0423273

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

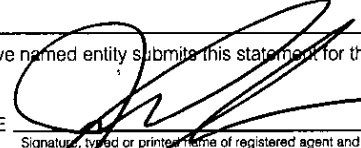
7. Name and Address of New Registered Agent

ROCKEFELLER, JEFFREY J DPM
2151 ALT. A1A SOUTH
#1350
JUPITER FL 33477

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
675 W. INDIAN TOWN RD, SUITE 102
City JUPITER FL Zip Code 33458

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.

SIGNATURE  DATE 5/1/01

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	ROCKEFELLER, JEFFREY J	2151 ALT. A1A SOUTH, #1350	JUPITER FL 33477	<input type="checkbox"/>
VTS	ROCKEFELLER, LORI	6260 LONG CILT PINE DR.	JUPITER FL 33458	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE 5/1/01 361 744-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)