

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000044293**1. Entity Name  
**MARSHALL M. STONE, M.D., P.A.**

Principal Place of Business 7301 W PALMETTO PARK RD SUITE 201 B BOCA RATON 33433 FL	Mailing Address 7301 W PALMETTO PARK RD SUITE 201 B BOCA RATON 33433 FL
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2. Principal Place of Business 9970 CENTRAL PARK BLVD.	3. Mailing Address 54 N.E. 4TH AVENUE
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Suite, Apt. #, etc. SUITE 401	Suite, Apt. #, etc.
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City & State BOCA RATON FL	City & State DELRAY BEACH FL
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Zip 33433	Country	Zip 33483	Country
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4. FEI Number <b>65-0418861</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****NUSSBAUM HOWARD J**  
**7880 N UNIVERSITY DR**  
**SUITE 300**  
**TAMARAC**  
**33321**  
**US**  
**FL****7. Name and Address of New Registered Agent**

Name <b>MONAGHAN TIMOTHY EESQ.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>54 N.E. 4TH AVENUE</b>
City <b>DELRAY BEACH</b> <b>FL</b>
Zip Code <b>33483</b>

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 **TIMOTHY E. MONAGHAN****02/12/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D STONE MARSHALL M 7301 W PALMETTO PARK RD SUITE 201 B BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST STONE MARSHALL M 7301 W PALMETTO PARK RD SUITE 201 B BOCA RATON FL 33433 <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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STONE MARSHALL MMD. 9970 CENTRAL PARK BLVD., SUITE 401 BOCA RATON FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marshall M. Stone, M.D.****P****02/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)