

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91356 019 ***158.75

DOCUMENT # P93000058321

1. Entity Name

INTERNAL MEDICINE ASSOCIATES OF BROWARD, P.A.

Principal Place of Business

**140 SW 84TH AVE
D
PLANTATION FL 33324
US**

Mailing Address

**P.O. BOX 16990
PLANTATION FL 33318
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3195643**

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

**LAVENDER, JOEL R
507 SE 11 CT
FT LAUDERDALE FL 33316**

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **SELBST, ALLAN M**
STREET ADDRESS **140 SW 84TH AVE STE D**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **CEO** ☐ Change ☒ Addition
NAME **Angela Saez**
STREET ADDRESS **4030 Crossbill Lane**
CITY-ST-ZIP **Weston FL 33331**

TITLE **VD** ☐ Delete
NAME **SAEZ, ROBERTO**
STREET ADDRESS **140 SW 84TH AVE STE D**
CITY-ST-ZIP **PLANTATION FL**

TITLE **VD** ☒ Change ☐ Addition
NAME **Roberto Saez**
STREET ADDRESS **4030 Crossbill Lane**
CITY-ST-ZIP **Weston FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01 (954) 370-2021

Date

Daytime Phone #

CR2E034 (10/00)