

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90146 042 ***158.75

DOCUMENT # P93000058321
 1. Entity Name
INTERNAL MEDICINE ASSOCIATES OF BROWARD, P.A.

Principal Place of Business Mailing Address
140 SW 84TH AVE P.O. BOX 16990
D PLANTATION FL 33324
US 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

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

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.

SIGNATURE _____ DATE _____
 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, 2002 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 **PD** ☒ Delete
 NAME **SELBST, ALLAN M**
 STREET ADDRESS **140 SW 84TH AVE STE D**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VD** ☐ Delete
 NAME **SAEZ, ROBERTO**
 STREET ADDRESS **4030 CROSSBILL LANE**
 CITY-ST-ZIP **WESTON FL 33331**

TITLE **CEO** ☐ Delete
 NAME **SAEZ, ANGELA**
 STREET ADDRESS **4030 CROSSBILL LANE**
 CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: *Angela Saez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-02 (954)370-2021
 Date Daytime Phone #

0077115 AV

CR2E034 (9/01)