

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90008 004 ***150.00

035791 AV

DOCUMENT # P94000025231

1. Entity Name

PALM BEACH CLINICAL ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

8895 N MILITARY TRAIL
 STE 101 C
 PALM BEACH GARDENS FL 33410
 US

8895 N MILITARY TRAIL
 STE 101 C
 PALM BEACH GARDENS FL 33410
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1920 PALM BEACH LAKES BV

3. Mailing Address

1920 PALM BEACH LAKES BV

Suite, Apt. #, etc.
 SUITE 102

Suite, Apt. #, etc.
 SUITE 102

City & State
 WEST PALM BEACH FL

City & State
 WEST PALM BEACH FL

4. FEI Number

65-0477540

Applied For

Not Applicable

Zip
 33409

Country

Zip
 33409

Country

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

SCHOLLE MD, JANET L
 8895 N MILITARY TRAIL
 STE 101 C
 PALM BEACH GARDENS FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

1920 PALM BEACH LAKES BLVD

SUITE 102

City
 WEST PALM BEACH

FL

Zip Code
 33409

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

JANET L SCHOLLE, MD 3/4/02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	SCHOLLE MD, JANET L	8895 N MILITARY TRAIL, STE 101 C PALM BEACH GARDENS FL			1920 PALM BEACH LAKES BLVD, #102 WEST PALM BEACH FL 33409	

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.

JANET L SCHOLLE

SIGNATURE:

3/4/02

561-683-3371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)