

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90068 041 ***158.75

DOCUMENT # P94000069077

1. Entity Name

ASSOCIATED PEDIATRICIANS, INC.

Principal Place of Business

9804 S. MILITARY TR.
E-1
BOYNTON BCH. FL 33436
US

Mailing Address

~~9804 S. MILITARY TR.~~
~~BOYNTON BCH. FL 33436~~
~~NO~~

2. Principal Place of Business

3. Mailing Address

9804 S. Military Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E-1

City & State

City & State

Boynton Bch, FL

Zip

Country

Zip

Country

33436

US

4. FEI Number 65-0064823

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

PERELMAN, JEFFREY R

~~9804 S. MILITARY TR.~~

~~E-1~~

~~BOYNTON BCH. FL 33436~~

Name

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

100 Scotia Drive # 201

Hypoluxo

FL

Zip Code

33462

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

Jeffrey R Perelman President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/02/01

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	P	<input type="checkbox"/> Delete
NAME	PERELMAN, JEFFREY R	
STREET ADDRESS	9804 S. MILITARY TR.	
CITY-ST-ZIP	BOYNTON BCH. FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9804 S. Military Trail E-1	
STREET ADDRESS	Boynton Bch, FL 33436	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jeffrey R Perelman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01/01 561 364-1200

Date

Daytime Phone #

CR2E034 (10/00)