

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90023 001 ***150.00

DOCUMENT # P95000002059

1. Entity Name

SALLENT'S PEDIATRIC RESPIRATORY CENTER, P.A.

00023100



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5325 GREENWOOD AVENUE. #204 WEST PALM BEACH FL 33407 US	Mailing Address 5325 GREENWOOD AVENUE. #204 WEST PALM BEACH FL 33407 US
---	---

2. Principal Place of Business 5325 GREENWOOD AVE	3. Mailing Address 5325 GREENWOOD AVE.
Suite, Apt. #, etc. SUITE 301	Suite, Apt. #, etc. SUITE 301

City & State WEST PALM BEACH	City & State WEST PALM BEACH
Zip 33407	Country USA

4. FEI Number 65-0544565	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

**MIRKIN, MARK H
1700 PALM BEACH LAKES BLVD
#580
WEST PALM BEACH FL 33401**

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 *[Signature]* **Jorge Salient M.D.** *owner / president* **2/14/2000**
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, 2000 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	PSTD SALLENT, JORGE 5325 GREENWOOD AVENUE #204 WEST PALM BEACH FL 33407	<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
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		<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
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: *[Signature]* **Jorge Salient M.D.** *presid.* **2/14/2000** **561-863-0105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #