

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90023 009 ***155.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000002059					
1. Entity Name SALLENT'S PEDIATRIC RESPIRATORY CENTER, P.A.					
Principal Place of Business 5325 GREENWOOD AVENUE STE 301 WEST PALM BEACH FL 33407 US			Mailing Address 5325 GREENWOOD AVENUE STE 301 WEST PALM BEACH FL 33407 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 65-0544565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIRKIN, MARK H 1700 PALM BEACH LAKES BLVD #580 WEST PALM BEACH FL 33401			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input checked="" type="checkbox"/> \$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	PSTD SALLENT, JORGE 5325 GREENWOOD AVENUE #204 WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SALLENT, JORGE 5325 Greenwood Ave. Suite #301 WEST PALM BEACH, FL, 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:		Jorge Salient M.D.		1/5/2001 561-863-0105	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E034 (10/00)