## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

P95000010299

JEROME WERNER M.D. P.A.



Principal Place of Business Mailing Address 6450 GRIFFIS-WAY 70000437 6450 GRIFFIS-WAY WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0494871 Zip Country Not Applicable Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent ELBLONK, IRA Street Address (P.O. Box Number is Not Acceptable) 1030 LAKE AVENUE SUITE C LAKE WORTH FL 33460 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Delete TITLE NAME WERNER, JEROME ☐ Addition NAME STREET ADDRESS 6450 GRIFFIS-WAY STREET ADDRESS CITY-ST-ZÍP WEST PALM BEACH FL 33415 CITY-ST-ZIP TITLE ☐ Delete NAME ELBLONK, IRA ☐ Change ■ Addition STREET ADDRESS 1030 LAKE AVE STEC STREET ADDRESS CITY-ST-7IP LAKE WORTH FL 33460 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if the corporation 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 10 or Block 11 if SIGNATURE:

TITLE

FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90081 010 \*\*\*150.00