

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90095 034 ***550.00

DOCUMENT # P95000017872

1. Entity Name
ATILLA EAGLEMAN, M.D., P.A.

moved across the sheet

Principal Place of Business Mailing Address
~~2501 S. SEACREST BLVD.~~ **2501 S. SEACREST BLVD.**
~~BOYNTON BEACH FL 33435~~ **BOYNTON BEACH FL 33435**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2828 S. SEACREST BLVD

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE #216

City & State City & State
BOYNTON B, FLA

Zip Country Zip Country
33435 PALM BEACH

4. FEI Number **65-0560296** 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

EAGLEMAN, ATILLA
~~2501 S. SEACREST BLVD.~~ **2828 S. SEACREST BLVD**
BOYNTON BEACH FL 33435 **# 216**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D EAGLEMAN, ATILLA M.D. 2501 S. SEACREST BLVD. 2828 S. SEACREST BOYNTON BEACH FL 33435 # 216	<input type="checkbox"/> Delete
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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 OF OFFICER OR DIRECTOR** **9/9/02 (561) 738-5808**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)