2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000038395**

1. Entity Name
MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
5700 LAKE WORTH ROAD	5700 LAKE WORTH RD
SUITE #204	204
LAKE WORTH FL 33463	LAKE WORTH FL 33463
US	US

☐ CHECK HERE IF MAKING CHANGES

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 65-0580501 | 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
PIASECKI, PHILIP M	Name
5700 LAKE WORTH ROAD	Street Address (P.O. Box Number is Not Acceptable)
STE 204	
LAKE WORTH FL 33463	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE VD NAME KRASNER, STEPHEN STREET ADDRESS 5401 S CONGRESS AVENUE #102 CITY-ST-ZIP ATLANTIS FL 33462		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T/D NAME LYSAKER, EARL STREET ADDRESS 5503 S CONGRESS AVENUE SUITE #205 CITY-ST-ZIP ATLANTIS FL 33462		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S/D NAME TOME, ROBERT STREET ADDRESS 1490 FOREST HILL BLVD CITY-ST-ZIP WEST PALM BEACH FL 33406		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME ASLANIAN, GREGORY STREET ADDRESS 8188 JOG ROAD SUITE 204 CITY-ST-ZIP BOYNTON BEACH FL 33437		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME SIMONS, WILLIAM STREET ADDRESS 3175 S. CONGRESS AVE CITY-ST-ZIP LAKE WORTH FL 33461		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P/D NAME LUDWIG, WILLIAM MD STREET ADDRESS 5401 S CONGRESS AVE STE 204 CITY-ST-ZIP ATLANTIS FL 33462		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _SIGNATURE_ _(signature)_   1/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #