

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90156 019 \*\*\*150.00

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**DOCUMENT # P96000014062**

1. Entity Name

**PROGRESSIVE MEDICAL CENTERS OF SOUTH FLORIDA, IN C.**

Principal Place of Business

**5417 WEST ATLANTIC BLVD.  
MARGATE FL 33063**

Mailing Address

**5417 WEST ATLANTIC BLVD.  
MARGATE FL 33063**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0643455**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COEL, MARK A ESQ.  
2700 SOUTH COMMERCE PARKWAY  
SUITE 305  
WESTON FL 33331-0000**

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, 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete  
NAME **FEILER, JEFFREY**  
STREET ADDRESS **5417 WEST ATLANTIC BOULEVARD**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **VPT** ☒ Change ☐ Addition  
NAME **Jeffrey Feiler DC**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPT** ☐ Delete  
NAME **FRUITHANDLER, CLIFFORD**  
STREET ADDRESS **5417 WEST ATLANTIC BOULEVARD**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **PS** ☒ Change ☐ Addition  
NAME **Clifford FruitHandler DC**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/30/02**

CR2E034 (9/01)