

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90048 007 \*\*\*150.00

**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**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-0643455**

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**

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

**Name**  
**MARK A COEL ESQ**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**33 SOUTH EAST 8<sup>TH</sup> STREET**  
**Suite 400**  
**City** **BOCA RATON** **FL** **Zip Code** **33432**

**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** **VPT** **FEILER** ☐ Delete  
**NAME** **JEFFREY D.C.**  
**STREET ADDRESS** **5417 WEST ATLANTIC BOULEVARD**  
**CITY-ST-ZIP** **MARGATE FL 33063**

**TITLE** **PRES. TREASURER P/T** ☒ Change ☐ Addition  
**NAME** **JEFFREY FEILER**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** **VP. S VP/S** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**STREET ADDRESS**  
**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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/7/02**

Date

**954-979-2333**

Daytime Phone #

CR2E034 (10/02)