

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031878

1. Entity Name

PBG MEDICAL MALL MOB 3, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90020 001 ***600.00

Principal Place of Business

Mailing Address

777 SOUTH FLAGLER DRIVE
 SUITE 500 EAST
 W PALM BEACH FL 33401

197 FIRST AVE
 NEEDHAM MA 02494-2812
 US

2. Principal Place of Business

3. Mailing Address

197 FIRST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Needham MA

City & State

Zip

Country

Zip

Country

02494

4. FEI Number

65-0664516

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

VALDES-FAULI CORPORATE SERVICES, INC.
 777 SOUTH FLAGLER DRIVE
 SUITE 500 EAST
 W PALM BEACH FL 33401

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	GOSMAN, ABRAHAM D	
STREET ADDRESS	197 FIRST AVE	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEATHERS, FREDERICK R	
STREET ADDRESS	110 CEDAR ST	
CITY-ST-ZIP	WELLESLEY MA 02181	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NETERUAL, JEFF	
STREET ADDRESS	197 FIRST AVE	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey A Benson	
STREET ADDRESS	CareMatrix	
CITY-ST-ZIP	197 First Avenue Needham, MA 02494-2812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jeffrey A Benson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 20 2000

Date

781 435-1200

Daytime Phone #

CR2E034 (9/99)