

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90007 025 \*\*\*150.00

**DOCUMENT # P96000038727**

1. Entity Name  
**ARTURO K. GUILOFF, M.D., P.A.**

Principal Place of Business      Mailing Address  
~~9123 NORTH MILITARY TRAIL #208~~      ~~9123 NORTH MILITARY TRAIL #208~~  
**PALM BEACH GARDENS FL 33410**      **PALM BEACH GARDENS FL 33410-5969**

00098947



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2401 PGA BLVD**      **2401 PGA BLVD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**100**      **100**  
 City & State      City & State  
**PALM BEACH GARDENS, FL**      **PALM BEACH GARDENS, FL**  
 Zip      Zip      Country      Country  
**33410-3515**      **33410**      **USA**

4. FEI Number      Applied For  
**65-0668957**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GUILOFF, ARTURO K**  
**9123 NORTH MILITARY TRAIL, #208**  
**PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent  
 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      DATE **4/21/00**  
Signature, print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2000 Fee will be \$550.00  
 (See criteria on back)  **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	<b>D</b> <b>GUILOFF, ARTURO K M.D.</b> <b>9123 NORTH MILITARY TRAIL, #208</b> <b>PALM BEACH GARDENS FL 33410</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on the report, or on an attachment with an address, with all other like empowered.

SIGNATURE:      **ARTURO K. GUILOFF**      **4/21/00**      **5**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date