

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 03, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000038727**

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

Principal Place of Business 2401 PGA BLVD 100 PALM BEACH GARDENS FL 334103515	Mailing Address 2401 PGA BLVD 100 PALM BEACH GARDENS FL 334103515
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number <b>65-0668957</b>	Applied For <input type="checkbox"/> Not Applicable
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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 US**

**7. Name and Address of New Registered Agent**

Name  
**GUILOFF ARTURO K**

Street Address (P.O. Box Number is Not Acceptable)  
**2401 P.G.A. BLVD.**

**SUITE 100**

City  
**PALM BEACH GARDENS FL** Zip Code  
**33410**

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 **ARTURO K. GUILOFF**

**01/03/2001**

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, 2001 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			
TITLE	D	<input type="checkbox"/> Delete	
NAME	<b>GUILOFF ARTURO K.M.D.</b>		
STREET ADDRESS	<b>9123 NORTH MILITARY TRAIL, #208</b>		
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>		
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"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DR.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GUILOFF ARTURO K.M.D.</b>		
STREET ADDRESS	<b>2401 P.G.A. BLVD. SUITE 100</b>		
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>		
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: **Arturo K. Guiloff**

Dr. **01/03/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)