

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038817

1. Entity Name
DIANA M. BRIDGES, M.D., P.A.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90312 042 ***150.00

Principal Place of Business
6801 LAKE WORTH RD SUITE 211
LAKE WORTH FL 33467

Mailing Address
6801 LAKE WORTH RD SUITE 211
LAKE WORTH FL 33467

2. Principal Place of Business
3459 WOODBRIGHT RD
Suite, Apt. #, etc.

3. Mailing Address
3459 WOODBRIGHT RD
Suite, Apt. #, etc.

City & State
Boynton Beach, FL
Zip 33436 Country

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Boynton Beach, FL
Zip 33436 Country

4. FEI Number 65-0656760

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, ERIC V
11211 S MILITARY TRAIL #3821
BOYNTON BEACH FL 33436

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 _____ (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	CP	<input type="checkbox"/> Delete
NAME	BRIDGES, DIANA M	
STREET ADDRESS	11211 S. MILITARY TR. #3821	
CITY-ST-ZIP	BOYNTON BEACH FL 33463	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	ROBERTS, ERIC V	
STREET ADDRESS	11211 S. MILITARY TR #3821	
CITY-ST-ZIP	BOYNTON BEACH FL 33463	
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	<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	
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: DIANA M. BRIDGES, M.D., P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01 561-787-5780
Date Daytime Phone #

CR2E034 (10/00)