

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90067 043 ***150.00

DOCUMENT # P96000047472

1. Entity Name

ESSENTIALS OB/GYN GROUP, P.A.

Principal Place of Business

**5800 COLONIAL DRIVE
 SUITE 407
 MARGATE FL 33063**

Mailing Address

**5800 COLONIAL DRIVE
 SUITE 407
 MARGATE FL 33063**

2. Principal Place of Business

**728 RIVERSIDE DR.
 Suite, Apt. #, etc.**

3. Mailing Address

**728 RIVERSIDE DR.
 Suite, Apt. #, etc.**

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

4. FEI Number

65-0660169

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JURADO, CARLOS J. MD
 5800 COLONIAL DR. STE 407
 MARGATE FL 33062**

7. Name and Address of New Registered Agent

Name **CARLOS J. JURADO, M.D.**
 Street Address (P.O. Box Number is Not Acceptable)
**23 ROYAL PALM WAY
 UNIT 13
 BOCA RATON FL 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CARLOS J. JURADO, M.D. 01-14-02

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, 2002 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** ☐ Delete
 NAME **JURADO, CARLOS J**
 STREET ADDRESS **1710 SW 2ND AVE.**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ Delete
 NAME **MCEACHRANE, MARSH R**
 STREET ADDRESS **10159 NW 48TH DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **JURADO, CARLOS J.**
 STREET ADDRESS **23 ROYAL PALM WAY, UNIT 13**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **D** ☒ Change ☐ Addition
 NAME **MCEACHRANE, MARSH R.**
 STREET ADDRESS **6299 NW 92nd Avenue**
 CITY-ST-ZIP **Parkland, Florida 33067**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

01-14-02

Date

954-753-2411

Daytime Phone #

CR2E034 (9/01)