

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078618

1. Entity Name

GENERAL MEDICAL ASSOCIATES, INC.

Principal Place of Business

500 AUSTRALIAN AVENUE S.
SUITE 1000
WEST PALM BEACH FL 33401

Mailing Address

500 AUSTRALIAN AVENUE S.
SUITE 1000
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0710916

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

MUR, LAZARO J ESQUIRE
2665 S. BAYSHORE DRIVE
SUITE 703
COCONUT GROVE FL 33133

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.

(NOT)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME STERNBERG, FRED
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME FINNEL, DEBBIE
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CAHR, MICHAEL
STREET ADDRESS 500 AUSTRALIAN AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME PRESTE, PAUL
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HEIMAN, MARVIN
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME GARTNER, DAVID
STREET ADDRESS 500 AUSTRALIAN AVENUE S.
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

561 805-8500

Daytime Phone #

0278949

CR2E034 (10/00)