

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021187

1. Entity Name

BOCA RATON MEDICAL ASSOCIATES, P.A.

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90260 005 \*\*\*400.00

Principal Place of Business

1905 CLINT MOORE ROAD  
BOCA RATON FL 33496

Mailing Address

3232 SOUTH CONGRESS  
401  
DELRAY BEACH FL 33445-7346

2. Principal Place of Business

3. Mailing Address

2900 N. Military Trl.

Suite, Apt. #, etc.

Ste 100

City & State

Boca Raton FL

Zip

33431

Country

USA

City & State

Boca Raton FL

Zip

33431

Country

USA

City & State

Boca Raton FL

Zip

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33431

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0732891

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

COHEN, JEFFREY L  
54 N.E. 4TH AVENUE  
DELRAY BEACH FL 33483

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

(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, 2000 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 P  
NAME COLTON, ROBERT  
STREET ADDRESS 4270 N.W. 24 AVE.  
CITY-ST-ZIP BOCA RATON FL 33431

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME WEISMAN, NEAL  
STREET ADDRESS 20745 SNUG CREEK CT  
CITY-ST-ZIP BOCA RATON FL 33498

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME COHEN, RODNEY  
STREET ADDRESS 6749 S. GRANDE DRIVE  
CITY-ST-ZIP BOCA RATON FL 33496

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME BLANKSTEIN, RON  
STREET ADDRESS 6503 N. MILITARY TRAIL #105  
CITY-ST-ZIP BOCA RATON FL 33496

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME KAMINETSKY, BERNARD  
STREET ADDRESS 7991 TENNYSON CT.  
CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME MORRIS, RONNIE J  
STREET ADDRESS 7668 NEWPORT TERRACE  
CITY-ST-ZIP BOCA RATON FL 33433

☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)