

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035835

1. Entity Name

SPIRELLI HEALTHCARE OF PALM BEACH, INC. ✓

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90010 043 ***550.00

Principal Place of Business

31318 FALLS RIDGE WAY
BOCA RATON FL 33428

Mailing Address

31318 FALLS RIDGE WAY
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

20423 St Ro 7 #259 FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Boca Raton, FL

4. FEI Number

65-0747213

Applied For

Not Applicable

Zip

Country

Zip

Country

33498

U.S.

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

SPIRELLI, DEAN
21318 FALLS RIDGE WAY
BOCA RATON FL 33428

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **SPIRELLI, DEAN**
STREET ADDRESS **21318 FALLS RIDGE WAY**
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

7-12-00

CR2E034 (5/00)