

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000035835**

1. Entity Name

SPIRELLI HEALTHCARE OF PALM BEACH, INC.**FILED****Jan 18, 2001 8:00 am
Secretary of State**

01-18-2001 90014 006 ***150.00

0332606

Principal Place of Business Mailing Address
31318 FALLS RIDGE WAY 20423 ST RD 7 #259 16
BOCA RATON FL 33428 BOCA RATON FL 33498

2. Principal Place of Business 3. Mailing Address
5999 N. Federal Hwy 20423 St. Rd 7
Suite, Apt. #, etc. Suite 259

City & State City & State
Boca Raton, FL Boca Raton, FL
Zip Country Zip Country
33487 USA 33498 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0747213 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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIRELLI, DEAN 21318 FALLS RIDGE WAY BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 (10/00)