

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000039422**

1. Entity Name
TAMARAC PHYSICIAN'S GROUP, INC.



Principal Place of Business
8287 PINE ISLAND RD.
TAMARAC FL 33321

Mailing Address
8287 PINE ISLAND RD.
TAMARAC FL 33321

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

6. Name and Address of Current Registered Agent

**FELDMAN, RONALD B
8287 N PINE ISLAND RD
SUITE 350, NORTH TOWER
TAMARAC FL 33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **FELDMAN, RONALD B**
STREET ADDRESS **2696 EDGEWATER CT**
CITY-ST-ZIP **WESTON FL 33332**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

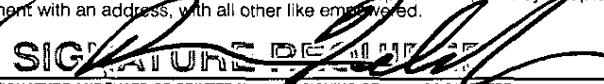
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like entries.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/03 954 722 6637

Date

Daytime Phone #

0072912
AV

**FILED
Sep 08, 2003 8:00 am
Secretary of State**

09-08-2003 90310 050 ***550.00



CHECK HERE IF MAKING CHANGES

CR2E034 (4/03)