

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052037

1. Entity Name

LINDA A. CHABRIER, M.D., P.A.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90091 012 \*\*\*150.00

Principal Place of Business: 2151 ALTERNATE A-1-A, STE. 650 JUPITER FL 33477 US  
 Mailing Address: 8696 WAKEFIELD DRIVE PALM BEACH GARDENS FL 33410-6362 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 8696 WAKEFIELD DR  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State: PALM BEACH GARDENS, FL

City & State

4. FEI Number: 65-0764089

Applied For  
 Not Applicable

Zip: 33410 Country: USA

Zip Country

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

CHABRIER, LINDA A  
 2151 ALTERNATE A-1-A, STE. 650  
 JUPITER FL 33477

Name: CHABRIER, LINDA A.  
 Street Address (P.O. Box Number is Not Acceptable): 8696 WAKEFIELD DR  
 City: PALM BEACH GARDENS FL Zip Code: 33410

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:

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/16/2000

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	D	<input type="checkbox"/> Delete
NAME	CHABRIER, LINDA A	
STREET ADDRESS	2151 ALTERNATE A-1-A, STE. 650	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 another life empowered.

SIGNATURE:

DATE: 4/16/2000

DAYTIME PHONE #: 561 714 4802

CR2E034 (9/97)