

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90067 032 ***150.00

DOCUMENT # P97000053199

1. Entity Name
PROSPER ABITBOL, D.O., P.A.



Principal Place of Business

**7864 CUMMINGS LANE
BOCA RATON FL 33433**

Mailing Address

**7864 CUMMINGS LANE
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0762684**

Applied For

Not Applicable

Zip Country

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

**ABITBOL, PROSPER
7864 CUMMINGS LANE
BOCA RATON FL 33433**

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 **PD** ☒ Delete
NAME **ABITBOL, PROSPER**
STREET ADDRESS **7864 CUMMINGS LANE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☒ Change ☐ Addition
NAME **801 Meadows Road**
STREET ADDRESS **Suite 107**
CITY-ST-ZIP **Boca Raton, FL 33486-2346**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Prosper Abitbol

8/11/03

(561) 347-7400

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

801383108

#P97000153199

GastroHealth Center
Prosper Abitbol, D.O., P.A.
Gastroenterology - Liver Diseases - Nutrition

801 Meadows Road #107, Boca Raton, FL 33486 Tel(561)347-7400 Fax(561)347-7555

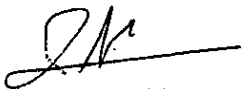
August 11, 2003

Dear Division of Corporations:

Re: FEI No- 65-0762684

Please be advised that we have moved, and we did not receive the first renewal. I am enclosing payment of \$150.00, and my new address. Thank you.

Sincerely,



Prosper Abitbol, D.O.