

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

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90020 017 ***150.00

DOCUMENT # *P97000067151*

1. Entity Name

Emel Esener, M.D., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21754 Club Villa Terrace

Suite, Apt. #, etc.

3. Mailing Address

21754 Club Villa Terrace

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0771924

Applied For

Not Applicable

Zip

33433

Country

U.S.A.

Zip

33433

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Mullin, James G

Street Address (P.O. Box Number is Not Acceptable)

2263 N.W. Boca Raton Blvd #205

City

Boca Raton

FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$500.00

Amended UBR is \$61.25

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

TITLE	<i>ESENER, EMEL</i>	TITLE	
NAME	<i>ESENER, EMEL</i>	NAME	
STREET ADDRESS	<i>21754 Club Villa Terrace</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Boca Raton, FL 33432</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 04

Date

Daytime Phone #

561-417-7468

CR2E034B (12/02)