

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077028

1. Entity Name

LEON E. GOLIGER, M.D., P.A.

Principal Place of Business

Mailing Address

22065 LAS BRISAS CIR. UNIT 402
BOCA RATON FL 33433

22065 LAS BRISAS CIR. UNIT 402
BOCA RATON FL 33433-1003

2. Principal Place of Business

16244 S. MILITARY TRAIL

3. Mailing Address

21588 SAN LORENZO AVENUE

Suite, Apt. #, etc.

SUITE 580

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33484

Country

PALM BEACH

Zip

33433

Country

PALM BEACH

6. Name and Address of Current Registered Agent

GOLIGER, LEON E
22065 LAS BRISAS CIR, UNIT 402
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

GOLIGER, LEON E.

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

21588 SAN LORENZO AVENUE

City

BOCA RATON

FL

Zip Code

33433

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

LEON E. GOLIGER

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

(NOTE: Registered Agent signature required when reinstating)

1/5/2000

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, 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

TITLE PTS
NAME GOLIGER, LEON E MD
STREET ADDRESS 22065 LAS BRISAS CIR UNIT 402
CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS
NAME GOLIGER, LEON E MD
STREET ADDRESS 21588 SAN LORENZO AVENUE
CITY-ST-ZIP BOCA RATON, FL 33433

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 #

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90146 001 ***150.00

02-14-2000 90146 002 *****8.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0778352

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required