

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077028

1. Entity Name

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

Principal Place of Business

16244 S MILITARY TRAIL  
SUITE 580  
DELRAY BEACH FL 33484

Mailing Address

21588 SAN LORENZO AVE  
BOCA RATON FL 33433

2. Principal Place of Business

4800 Linton Boulevard

Suite, Apt. #, etc.

Building D, Suite 502 B

City & State

Delray Beach, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33445

Country

USA

Country

4. FEI Number

65-0778352

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLIGER, LEON E  
21588 SAN LORENZO AVE  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
GOLIGER, LEON E MD  
21588 SAN LORENZO AVE  
BOCA RATON FL 33433 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
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:

Leon E. Goliger - P.T.S.

1/16/2001

(561)  
638-0085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90075 001 \*\*\*150.00

02-06-2001 90075 002 \*\*\*\*\*8.75

24901



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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