

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092935

1. Entity Name

SOUTH COUNTY ORAL SURGERY ASSOCIATES, P.A.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90243 018 \*\*\*150.00

Principal Place of Business

Mailing Address

9960 CENTRAL PARK BLVD. SOUTH  
 SUITE 301  
 BOCA RATON FL 33428

9960 CENTRAL PARK BLVD. SOUTH  
 SUITE 301  
 BOCA RATON FL 33428

977333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0803052

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

GREENBERG, JEFFREY L  
 1098 N.W. BOCA RATON BLVD.  
 SUITE 1  
 BOCA RATON FL 33432

Name: Allan H. Fuhr  
 Street Address (P.O. Box Number Not Acceptable): 9960 Central Park Blvd, South  
Suite 301  
 City: Boca Raton FL Zip Code: 33428

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 for the entity's tax filing requirement and blocks to be 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FUHR, ALLAN H	
STREET ADDRESS	9960 CENTRAL PARK BLVD. SOUTH SUITE 301	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEINERMAN, DAVID M	
STREET ADDRESS	9960 CENTRAL PARK BLVD. SOUTH SUITE 301	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)