

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90016 044 ***150.00

0032163

DOCUMENT # P97000100683

1. Entity Name
DAVID A. CLAYMAN, M.D., P.A.

Principal Place of Business Mailing Address
19549 ESTUARY DRIVE 19549 ESTUARY DRIVE
BOCA RATON FL 33498 BOCA RATON FL 33-4998
US US

004000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0802986** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8-75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CLAYMAN, DAVID A M.D.
19549 ESTUARY DR.
BOCA RATON FL 33498

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 *David A. Clayman* **DAVID A. CLAYMAN** **4-30-01**
Signature, typed or printed name of registered agent and file 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete D CLAYMAN, DAVID A M.D. 19549 ESTUARY DR. BOCA RATON FL 33498		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David A. Clayman* **4-30-01** **561 477 9976**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)