

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90110 035 \*\*\*150.00

**DOCUMENT # P97000102140**

1. Entity Name

PRESTON G. PACKER, MD, PA



Principal Place of Business

3700 WASHINGTON ST.

STE 302

HOLLYWOOD FL 33021

Mailing Address

285 N.W. 199TH STREET #204

MIAMI FL 33169

2. Principal Place of Business

3640 N 55TH AVENUE

3. Mailing Address

GELBER & COMPANY

11450 Interchange Circle North

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

MIRAMAR, Florida 33025

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0795914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GELBER, RONALD S

285 NW 199TH STREET

SUITE 204

MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

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

11450 INTERCHANGE CIRCLE NORTH

City

MIRAMAR

FL

Zip Code

33025

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	D	<input type="checkbox"/> Delete
NAME	PACKER, PRESTON G	
STREET ADDRESS	3650 NORTH 55TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3640 N. 55TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 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 (10/02)