

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90150 004 \*\*\*150.00

DOCUMENT # P97000109049

1. Entity Name

THE MEDICAL OFFICE OF ROBERT VAY DRIMMER  
M.D. PA.



**DO NOT WRITE IN THIS SPACE**

90061596

2. Principal Place of Business

7180 VIA PALOMAR

3. Mailing Address

7180 VIA PALOMAR

Suite, Apt. #, etc.

BOCA RATON

Suite, Apt. #, etc.

BOCA RATON

City & State

FLORIDA

City & State

FLORIDA

Zip

33433

Country

USA

Zip

33433

Country

USA

4. FEI Number

650802929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JACQUELINE M ZIEGLER ESQ

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

1853 NW 94th AVE

COVINGTON SPRINGS FL

City

FL

Zip Code

33671

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ROBERT VAY DRIMMER 7180 VIA PALOMAR BOCA RATON 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LOAN DRIMMER - TREASURER 7180 VIA PALOMAR BOCA RATON, 33433
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Vay Drimmer* ROBERT VAY DRIMMER  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 561-368-5051  
Date Daytime Phone #

CR2E034B (12/02)