

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000004768

FILED  
Feb 12, 2003  
Secretary of State

Entity Name: JULIE B. SCHWARTZBARD, M.D., P.A.

**Current Principal Place of Business:**

2999 NE 191ST ST., STE. 240  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2999 NE 191ST ST., STE. 240  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 65-0805186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLASSER, GENE K  
2021 TYLER STREET  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SCHWARTZBARD, JULIE B M.D.  
Address: 2999 NE 191ST STREET, SUITE 240  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE SCHWARTZBARD

D

02/12/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date