

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90110 005 \*\*\*150.00

**DOCUMENT # P98000023845**

1. Entity Name  
**KENNETH A. KONSKE, M.D., P.A.**



Principal Place of Business  
**9960 CENTRAL PARK BLVD N  
STE 404  
BOCA RATON FL 33428**

Mailing Address  
**9960 CENTRAL PARK BLVD N  
STE 404  
BOCA RATON FL 33428**



2. Principal Place of Business  
**660 GLADES ROAD  
Suite, Apt. #, etc.  
340**

3. Mailing Address  
**660 GLADES ROAD  
Suite, Apt. #, etc.  
340**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON FLORIDA**

City & State  
**BOCA RATON FLORIDA**

4. FEI Number **65-0823102**

Applied For  
Not Applicable

Zip  
**33431**

Country

Zip  
**33431**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KONSKE, KENNETH A MD  
9960 CENTRAL PARK BLVD. N  
BOCA RATON FL 33428**

**7. Name and Address of New Registered Agent**

Name  
**KENNETH KONSKE**  
Street Address (P.O. Box Number is Not Acceptable)  
**660 GLADES ROAD**  
City  
**BOCA RATON** FL Zip Code  
**33431**

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 *Kenneth Konske M.D.*  
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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD KONSKE, KENNETH A MD 9960 CENTRAL PARK BLVD. N BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>660 GLADES ROAD BOCA RATON FLORIDA 33431</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Kenneth Konske M.D.* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)