

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Leonard S. De Palma, P.A.

Principal Place of Business

Mailing Address

5120 SW 170 Ave
Ft. Lauderdale, FL
33331

5120 SW 170 Ave
Ft. Lauderdale, FL
33331

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

65-0850033

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00071873

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PSD
De Palma, Leonard S.
5120 SW 170 Ave
Ft. Lauderdale, FL

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

Signature, typed or printed name of registered agent and title 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Leonard S. De Palma 5120 SW 170 Ave. Ft. Lauderdale, FL 33331	<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
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Leonard S. De Palma

Leonard S. De Palma

6/14/01

954-349-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

EWM

Esslinger • Wooten • Maxwell, Inc., Realtors®

WEST BROWARD OFFICE

Attachment DOC# 198000056818

C0071873

6/14/01

Gentleman:

The date for registration was missed as I had not received the annual form from the state. When I realized that happened I called the state and requested the proper forms.

Please accept this annual report and the standard fee of \$ 150⁰⁰. I do apologize for the lateness, However it was not intentional.

I was in the hospital in May for 10 days. (had a pacemaker put in) and you can see evidence. I had to request a change in my jury serving.

Attachment Doc # P98000656818

CDD 71873
I have recently changed offices
where I work.

My wife has been very ill
the past few years. I could send
you hundreds of Medical bills
and hospital records.

Please accept my apology
and reinstate my PA.

I thank you in advance
for your consideration.

Sincerely.

Leonard S DePalma
5120 SW 170 Ave.
Ft. Lauderdale, Fl.

33331

1-954-680-0190

Attachment Doc # P98000056818 - C0001873

Memorial Healthcare System

PATIENT DISCHARGE INSTRUCTION SHEET

ACTIVITIES

No Restrictions ☒

As follows:

- ☐ Complete bed rest ☐ Up to meals
☐ Up to bathroom ☐ May drive
☒ Frequent rests ☐ Confined to house
☐ May return to work ☐ No heavy lifting

Discharge Planning: N/A

HYGIENE: Tub ☐ Shower ☒ Sponge ☐

Special Bath: N/A

Special Equipment/Instructions: avoid

foods as below

Diet: avoid caffeine citrus

tomato sauce, chocolate

Explanation of activities: N/A

Additional instructions: N/A

MEDICATION	DOSE	TIMES	PURPOSE/INSTRUCTIONS
<u>Calcium a/c</u>	<u>PRN</u>	<u>as needed</u>	
<u>R. Cefazolin</u>	<u>500 mg</u>	<u>2 times</u>	
<u>Admitted 5/6/01</u>			

****NOTE: POTENTIAL FOOD-DRUG INTERACTIONS ARE LISTED ON THE BACK OF THIS FORM****

Follow-Up Care Call for Appointment: PCP / GI

Dr. #'s: 458-8525

PLEASE BRING YOUR COPY OF THIS INSTRUCTION SHEET TO THE DOCTOR'S OFFICE.

Physician's Signature: [Signature]

Date: 5/9/01

ADDRESSOGRAPH

1.) Instructions have been reviewed with me and my signature below indicates I understand what has been explained.

Signature Patient/Other: [Signature]

Date: 5/9/01

Relationship: _____

Date: _____

2.) Potential Food-Drug Interactions information has been reviewed with me, If applicable. INITIALS Patient/Other: V

Relationship: [Signature]

Nurse's Signature: [Signature]

Date: 5/9/01

MEMORIAL HOSPITAL WEST
 MR 0935115-6
 DEPALMA, LEONARD S BN 4300 896025-4
 ROSEN, RICHARD, DO
 INPATIENT

M 66Y

Attachment DOC# D98000056818 - C6071873
 5/15/01
 TO Estelle Memorial Healthcare System

PATIENT DISCHARGE INSTRUCTION SHEET

ACTIVITIES:

☐ No Restriction

As follows:

- ☐ Complete bed rest
☐ Up to bathroom
☒ Frequent rests
☐ May return to work
- ☐ Up to meals
☐ May drive
☐ Confined to house
☒ No heavy lifting

Discharge Planning: _____

Diet: As before

Explanation of activities: _____

Additional instructions: complete blood test
on 5/15/01 in a week

HYGIENE:

☐ Tub ☒ Shower ☐ Sponge

Special Bath: _____

Special Equipment/Instructions: My FAX 438-1561

PAIN MANAGEMENT:

- ☐ RX Given
☐ Alternative Therapy
☐ If Increase in Pain or Change in Pain Description -
 Notify your Physician

* Check with your Physician about your Flu and Pneumococcal vaccine status.*

MEDICATION	DOSE	TIMES	PURPOSE / INSTRUCTIONS
<u>Coumadin 2mg</u>	<u>daily</u>		
<u>Aspirin 81 mg</u>	<u>daily</u>		
<u>Cardura 4mg</u>	<u>every night</u>		
<u>Date admitted</u>	<u>5/10/01</u>	<u>o/c</u>	<u>5/14/01</u>

NOTE: POTENTIAL FOOD-DRUG INTERACTIONS ARE LISTED ON THE BACK OF THIS FORM

Follow-Up Care Call for Appointment: Dr Ehrenstein 9893053 1 week Dr's # _____

Physician's Signature [Signature] Date 5/14/01

1.) Instructions have been reviewed with me and my signature above indicates I understood what has been explained.

Signature Patient/Other: [Signature] Date 5/14/01

Relationship _____ Date _____

2.) Potential Food-Drug Interactions information has been reviewed by me. If applicable: INITIALS Patient/Other: _____

Relationship: _____

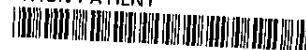
Nurse's Signature [Signature] Date 5/14/01

PLEASE BRING YOUR COPY OF THIS INSTRUCTION SHEET TO THE DOCTOR'S OFFICE

ADDRESSOGRAPH

MEMORIAL HOSPITAL WEST
 MR 0935115-6 BN 4300 897780-3
 DEPALMA, LEONARD S
 ROSEN, RICHARD, DO
 OBSERVATION PATIENT

M 66Y





Attachment DOC # P98000056818
Esslinger • Wooten • Maxwell, Inc., Realtors® C0071873

WEST BROWARD OFFICE

5/29/01

To: Dale Ross, Chief Judge
Jury Administration
Broward County Courthouse
201 SE 6 ST. Room 380
Ft. Lauderdale, Fl. 33301-3302

From: Leonard S. De Palma

Dear Judge Ross:

As you can see from enclosed hospital discharge papers I was unable to serve on jury duty. I am sorry and will gladly serve when called.

If you need further information please let me know.

Sincerely,

Leonard S. De Palma

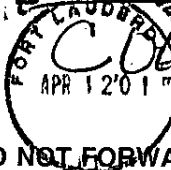
If Not Delivered Within 5 Days Return to:
DALE ROSS, CHIEF JUDGE
Jury Administration
Broward County Courthouse
201 S E 6 Street - Room 380
FT LAUDERDALE FL 33301-3302

Open from top after removing sides

FIRST CLASS MAIL

attachment Doc # D98426050818

RESORTED
FIRST CLASS



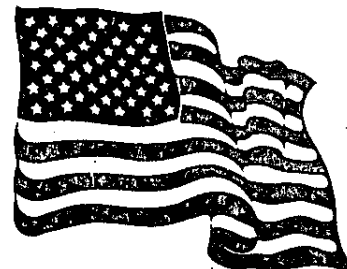
IMPORTANT: JURY SUMMONS ENCLOSED • POSTMASTER — DO NOT FORWARD OUT OF COUNTY

DO NOT Discard ANY Part of This Form. It contains your Jury Summons, Jury Instructions, Check-in/Payment Affidavit, and Parking Permit. Please use Crosswalk, 3rd Floor Level.



JUROR ID = VJ2289
LEONARD S DEPALMA
5120 SW 170TH AVE
FT LAUDERDALE FL 33331-1240

It is an honor to serve
as a juror



AKMS 33331



JUROR CHECK-IN/PAYMENT AFFIDAVIT

(PLEASE COMPLETE THIS FORM BEFORE ARRIVAL)

**STATE OF FLORIDA
COUNTY OF BROWARD**



I, **LEONARD S DEPALMA**

Juror ID: VJ2289
D145537351320

DO HEREBY SWEAR OR AFFIRM: (Check One Only)

☐ I AM REGULARLY EMPLOYED AND RECEIVING WAGES
WHILE ON JURY DUTY AND THEREFORE DO NOT QUALIFY FOR
COMPENSATION FROM THE STATE FOR THE FIRST 3 DAYS.

☒ I AM NOT REGULARLY EMPLOYED OR RECEIVING ANY
WAGES WHILE ON JURY DUTY. I AM REQUESTING
REIMBURSEMENT FROM THE STATE ACCORDING TO FLORIDA
STATUTE 40.24.

☐ I DO NOT WISH TO BE COMPENSATED AT ALL FOR
MY JURY SERVICE

THE LAW PROVIDES PENALTIES FOR FALSE STATEMENTS

(Note: Section 837.06, Florida Statutes, makes it a misdemeanor of the second degree to "knowingly make a false statement in writing with the intent to mislead a public servant in the performance of his official duty.")

Date: 4/26/01

Signature: Leonard S. Depalma

PLEASE COMPLETE THIS FORM BEFORE ARRIVAL.

**JUROR
PARKING
PERMIT**

**PLEASE REMOVE
AND
PLACE ON YOUR
DASHBOARD**

(THIS SIDE UP)

VJ2289

JUROR ID

5/08/2001

REPORT DATE

PLACE
STAMP
HERE

EMPLOYER'S COPY

- IMPORTANT -

CIRCUIT AND COUNTY COURT

17th Judicial Circuit

You Are Hereby

Summoned

to appear in the:

JURY ASSEMBLY
ROOM 0380

BROWARD COUNTY
COURTHOUSE

LOCATED AT:
201 SE 6 STREET
FT LAUDERDALE, FL

Promptly at: 7:45 AM
beginning on:
MAY 08, 2001

to serve as a juror.

Attachment Doc # 198000056818
THE LAW PROVIDES PENALTIES FOR FAILURE TO ATTEND

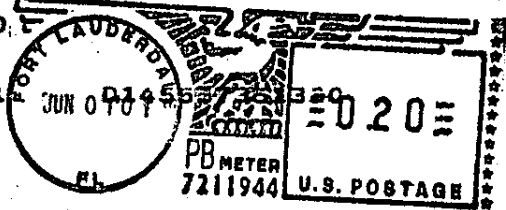
Your name has been drawn for service as a trial juror. The court realizes that jury service imposes a hardship on citizens. However, the right to trial by jury is one of the fundamental American principles guaranteed by the Constitution. It is the duty of every citizen to serve when called upon to do so.

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1990 ALL PERSONS WHO ARE DISABLED AND WHO NEED ACCOMMODATIONS TO PARTICIPATE IN THIS PROCEEDING BECAUSE OF THAT DISABILITY MUST CONTACT JURY ADMINISTRATION NO LATER THAN 2 DAYS AFTER RECEIVING THIS NOTICE AT 831-6091 TUESDAY THROUGH FRIDAY 9:30 - 11:30 OR 1:30 - 4:00 TDD SERVICE USERS CALL 831-5800

BROWARD JURY ADMINISTRATION
201 S.E. 6TH STREET RM 380
FT. LAUDERDALE, FL 33301

VJ2289

05/31/01



DEAR MR. DEPALMA

YOUR REQUEST FOR POSTPONE-
MENT FROM JURY DUTY HAS
BEEN GRANTED.

TO: LEONARD S DEPALMA
5120 SW 170TH AVE
FT LAUDERDALE FL 33331-1240

YOU ARE SCHEDULED TO SERVE
ON: 10/02/2001. REPORT
TO ROOM 380 OF THE BROWARD
COUNTY COURTHOUSE AT 8:00
A.M.

THE LAW PROVIDES PENALTIES
FOR FAILURE TO ATTEND.

33331+1240

juror who serves more than 3 days is entitled to be paid by the state for the fourth day of service and each day thereafter at a rate of \$30 per day of service.

* EXCUSALS/POSTPONEMENTS: The ONLY way you may be excused prior to reporting is by following the instructions on the enclosed JUROR EXCUSAL / POSTPONEMENT FORM. Hardships that may result from duty such as business and/or lack of transportation (BROWARD COUNTY TRANSIT Phone: 357-8400) are NOT grounds for excusal. A postponement may be granted, however, to those with extenuating circumstances. If your request for excusal is due to illness of persons other than yourself, a letter from their doctor must be submitted stating that you are needed at home with them.

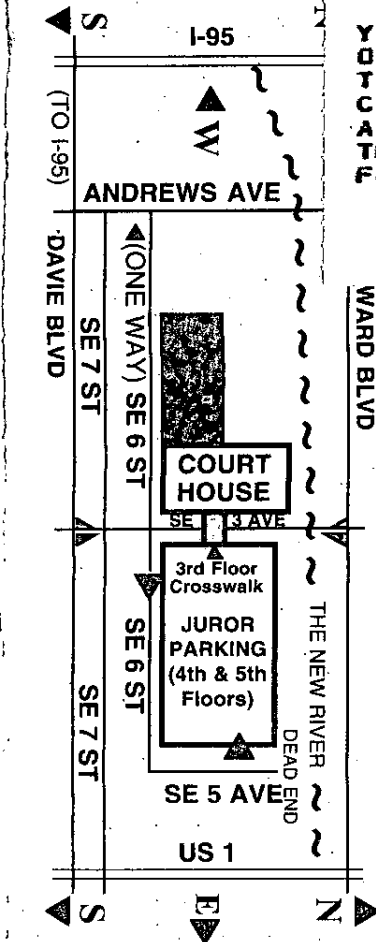
THE ONLY MANDATORY EXCUSALS ARE ON THE EXCUSAL FORM. ALL OTHERS MUST SERVE JURY DUTY. NO EXCUSALS OR POSTPONEMENTS WILL BE GRANTED OVER THE TELEPHONE.

* ATTIRE: Everyday business attire is suggested and appreciated. It is suggested that you bring a sweater or jacket for air-conditioned areas. (PLEASE, NO SHORTS OF ANY KIND!)

* LOCATION: BROWARD COUNTY COURTHOUSE, 201 S.E. 6th STREET, FT LAUDERDALE, FL 33301 (Business hours are Monday through Friday 9:00 A.M. to 4:00 P.M., excluding holidays). All persons entering the Courthouse must pass through our security system, including a metal detection device.

* OTHER INSTRUCTIONS:

GENERAL JURY INFORMATION PHONE NUMBER: 831-6091
TUESDAY - FRIDAY 9:30 - 11:30AM OR 1:30 - 4:00PM
ONLY IN CASE OF A HURRICANE WARNING OR ALERT
CALL 831-7051.



EMPLOYER'S COPY

ID: VJ2289

FORM



rd. Co.

must be
ort date.
e status
applicable

(e & Work)