2001 UNIFORM BUSINESS REPORT (UBR) FILED Jun 20, 2001 8:00 am **DOCUMENT #** Secretary of State 1. Entity Name eonard S. De Palma, P.A 06-20-2001 90015 028 ***150.00 Principal Place of Business Mailing Address 5120 Sid 170 Ave 5120 SW 170 Ave Ft. Landerdolo, F1 Ft. Lauderclule, F1. 33331 C0071873 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For *65-0850*033 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **P5D** De Palma, Leonard 5. Street Address (P.O. Box Number is Not Acceptable) 5120 SW 170 Ave Ft. Lauderdule, Fl City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (11/00) Change Addition TITLE □ Delete TITLE Leonard S. De Palma NAME NAME 5120 SW 170 Ave. Pt. Lauderdale, Fl. 33331 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 Leonard S. De Palma 6/14/01 954-349-6200 **SIGNATURE**

Esslinger • Wooten • Maxwell, Inc., Realtors® C1071873

WEST BROWARD OFFICE

6/14/01

Seutleman:

The date for registration was missed as I had not received the annual form from the date. When I realroad that happened I called the State and registed the proper forms.

Rease accept this annual report and the standard fee of \$15000. I do apologica for the laterness, However it was

not intentional.
I was in the hospital in May
for 10 days, (hod a pacemaker putin)
and you can see evidence. I
had to request a charge in
my jury serving.

Attachment boo # 198000056818 I have recently charged 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. Leonard & Retalma 5120 SW 170-AVE. Gr. Landerdale, Fl.

1-954-680-0190

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2310-10008

Memorial Hea	Q& DOOD SUB18 - CUO 71873 althcare System E INSTRUCTION SHEET				
ACTIVITIES: No Restriction	HYGIENE: 🔲 Tub 🗂 Shower 🔲 Sponge				
As follows:	Special Bath:				
Complete bed rest Up to meals	Special Equipment/Instructions:				
☐ Up to bathroom ☐ May drive☐ Frequent rests☐ Confined to house					
May return to work No heavy lifting					
Discharge Planning:	My FAX 438-1561				
Diet: PAIN MANAGEMENT:					
Explanation of activities:					
Alternative Therapy					
Additional instructions: Blood Fair Description -					
on choloco person	Notify your Physician				
* Check with your Physician about you	ur Flu and Pneumococcal vaccine status.*				
MEDICATION DOSE	TIMES PURPOSE / INSTRUCTIONS				
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Date admitted 5/10/01-	D/C - 5/14/01				
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2.) Potential Food-Drug Interactions information has been reviewed by me. If applicable: INITIALS Patient/Other:					
Relationship:					
Nurse's Signature Date 5/14/01					

Nurse's Signature

EUM attachment DOC# 198000056818

Esslinger • Wooten • Maxwell, Inc., Realtors © () 7/8/13

WEST BROWARD OFFICE

5/29/01

To: Dale Ross, Chief Judge

Jury Administration

Broward County Courthouse

201 SE6 st. Room 380

Ft. Landerdale, Ft. 33301-3302

From: Leonard S. De Palma

Rear Judge Pross:

as you can son from enclosed hospital discharge papers I was and walled to serve an jury duty. I am sorry and will gladly serve when called. I will gladly serve of you need further information please let me know.

Sincerely, Leonal I. Dofalma DALE ROSS, CHIEF JUDGE AND COURT TO THE PROPERTY OF THE PROPER

IMPORTANT: JURY SUMMONS ENCLOSED @ POSTMASTER — DO NOT FORWARD OFFICE OF



JUROR ID = VJ2289 LEONARD S DEPALMA 5120 SW 170TH AVE FT LAUDERDALE FL 33331-1240 4/19/ It ja anthonon to serve as a juror



AUNS 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.

 $\underline{\hspace{1cm}}$ 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 Conad J. Wester Me

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 EM STAMP HERE

EMPLOYER'S COPY

- IMPORTANT -

CIRCUIT AND COUNTY COURT THE LAW PROVIDES PENALTIES FOR FAILURE TO ATTEND 17th Judicial Circuit Your name has been drawn for service as a trial juror. The court realizes that You Are Hereby jury service imposes a hardship on citizens. However, the right to trial by jury Summoned is one of the fundamental American principles guaranteed by the Constitution. to appear in the: It is the duty of every citizen to serve when called upon to do so. JURY ASSEMBLY IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ROOM 0380 ALL PERSONS WHO ARE DISABLED AND WHO NEED ACCOMMODATIONS **BROWARD COUNTY** TO PARTICIPATE IN THIS PROCEEDING BECAUSE OF THAT DISABILITY **COURTHOUSE** MUST CONTACT JURY ADMINISTRATION NO LATER THAN 2 DAYS AFTER RECEIVING THIS NOTICE AT 831-6091 TUESDAY THROUGH FRIDAY LOCATED AT: 9:30 - 11:30 OR 1:30 - 4:00 TDD SERVICE USERS CALL 831-5800 201 SE 6 STREET FT LAUDERDALE, FL Promptly at: 7 beginning on: MAY 08, 2001 7:45 AM BROWARD JURY ADMINISTRATION 201 S.E. 6TH STREET RM 380 T FT. LAUDERDALE, FL 33301 to serve as a juror. **VJ2289** 05/31/01 DEAR MR. DEPALMA U.S. POSTAGE 7211944 YOUR REQUEST FOR POSTPONES MENT FROM JURY DUTY HAS BEEN GRANTED. TO: LEONARD S DEPALMA 5120 SH 170TH AVE FT LAUDERDALE FL 33331-1240 YOU ARE SCHEDULED TO SERVE I-95 ON: 10/02/2001. REPORT TO ROOM:380 OF THE BROWARD ਰੋ COUNTY COURTHOUSE AT 8100 THE LAW PROVIDES PENALTIES FOR FAILURE TO ATTEND. ANDREWS AVE 33331+1240 Talladhalladhalladhaldhadlladhladdl DAVIE BLVD Ä purpr who serves more than a days is entitled to be paid by the state roll the fourth day of service and each day thereafter at a rate of \$30 per day of service. WARD * 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 outy 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. 7 S1 BLVD SE THE ONLY MANDATORY EXCUSALS ARE ON THE EXCUSAL FORM. OTHERS MUST SERVE JURY DUTY. NO EXCUSALS OR POSTPON WILL BE GRANTED OVER THE TELEPHONE. đ Ś COURT NO EXCUSALS OR POSTPONEMENTS HOUSE 3 AVE * 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!) 3rd Floor l LOCATION: BROWARD COUNTY COURTHOUSE, 201 S.E. 6th STREET, FT LAUDERDALE, FL 33301 Crosswalk (flusiness hours are Monday through Friday 9:00 A.M. to 4:00 P.M., excluding holidays). All entering the Courthouse must pass through our security system, including a metal detection JUROR * OTHER INSTRUCTIONS: PARKING NEW 6 GENERAL JURY INFORMATION PHONE NUMBER: 831-6091 TUESDAY - FRIDAY 9:30 - 11:30AM OR 1:30 4:00PM (4th & 5th Floors) RIVER ONLY IN CASE OF, A HURRICANE WARNING OR ALERT CALL 831-7051. ဟု SE 5 AVE ĸ. ≀ US 1 H ZÞ EMPLOYER'S COPY

ID: VJ2289