

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90252 032 ***150.00

DOCUMENT # P98000083160

1. Entity Name

PALM HEALTHGROUP, INC

Principal Place of Business

**5319 BUCKHEAD CIRCLE
 BOCA RATON FL 33486**

Mailing Address

**5319 BUCKHEAD CIRCLE
 BOCA RATON FL 33486**

2. Principal Place of Business

139 N. County Road

3. Mailing Address

139 N. County Road

Suite, Apt. #, etc.

18D

Suite, Apt. #, etc.

18D

City & State

PALM BEACH FL

City & State

PALM BEACH, FL

4. FEI Number

65-0876554

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

33480

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SULLIVAN, DANIEL R
 5319 BUCKHEAD CIRCLE
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

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] **DANIEL R SULLIVAN (President)**

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/02

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, 2002 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

TITLE **PT** ☐ Delete
 NAME **SULLIVAN, DANIEL R**
 STREET ADDRESS **5319 BUCKHEAD CIR**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **VPS** ☐ Delete
 NAME **FRANKLIN-PRESCOTT, JENNIFER**
 STREET ADDRESS **7131 NW 43RD AVE**
 CITY-ST-ZIP **POMPANO BEACH FL 33073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **DANIEL R SULLIVAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02

Date

561-289-5373

Daytime Phone #

040412 AV

CR2E034 (9/01)