

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000020458**

1. Entity Name  
**JUDE DESORMEAU M.D., P.A.**



Principal Place of Business  
**2550 SE WALTON ROAD  
PORT SAINT LUCIE FL 34952**

Mailing Address  
**958 SOUTH MILITARY TRAIL, #405  
WEST PALM BEACH FL 33415**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

**Zip** **Country**

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

**DESORMEAU, JUDE MD  
958 SOUTH MILITARY TRAIL, #405  
WEST PALM BEACH FL 33415**

4. FEI Number **65-0899525**  Applied For  
 Not Applicable

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Desormeau, J.M.*

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 **D**  Delete  
NAME **DESORMEAU, JUDE MD**  
STREET ADDRESS **958 SOUTH MILITARY TRAIL, #405**  
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

081680  
AV

**FILED  
Apr 17, 2003 8:00 am  
Secretary of State**

04-17-2003 90190 030 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)