

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90068 021 ***150.00

DOCUMENT# P99000074095

1. Entity Name

PREVENTIVE MEDICINE CENTER OF BOCA RATON, INC.

Principal Place of Business

**1590 N.W. 10TH AVENUE, SUITE 201
 BOCA RATON FL 33486**

Mailing Address

**C/O 125 CRAWFORD BLVD
 BOCA RATON FL 33432**

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

65-0941759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**OTTO, MARILYN H ESQ.
 125 CRAWFORD BLVD.
 BOCA RATON FL 33432**

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, 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, 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 **DPST** ☐ Delete
 NAME **OTTO, WILLIAM S M.D.**
 STREET ADDRESS **1590 N.W. 10TH AVENUE, SUITE 201**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/02 (561) 363-2714

CP20034 (9/01)

Attachment # P99000074095

329330

LAW OFFICES
MARILYN H. OTTO, P.A.

125 CRAWFORD BOULEVARD
BOCA RATON, FLORIDA 33432-3729
(561) 368-9800
(561) 368-5840 (FAX)

February 20, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Preventative Medicine Center of Boca Raton, Inc.
Document #: P99000074095


To Whom It May Concern:

Enclosed please find the 2002 Uniform Business Report for the above referenced entity.

Also enclosed find check number 8795 made payable to the Department of State in the amount of \$150.00 for filing fee.

Thank you for your assistance in this matter.

Very truly yours,


Moriah L. Izkovich
Legal Assistant
/mli
Enclosures