

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90433 003 \*\*\*150.00

**DOCUMENT # P99000077128**

1. Entity Name

**MELANIE BONE, M.D., P.A.**

Principal Place of Business

Mailing Address

**ONE CLEARLAKE CENTRE, SUITE 1404  
 250 AUSTRALIAN AVENUE SOUTH  
 WEST PALM BEACH FL 33401**

**ONE CLEARLAKE CENTRE, SUITE 1404  
 250 AUSTRALIAN AVENUE SOUTH  
 WEST PALM BEACH FL 33401**

**C0042398**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**550 S. QUADRILLE BLVD**

3. Mailing Address

**550 S. QUADRILLE BLVD.**

Suite, Apt. #, etc.

**#201**

Suite, Apt. #, etc.

**#201**

City & State

**WEST PALM BCH, FL**

City & State

**WEST PALM BCH, FL**

4. FEI Number

**65-0943793**

Applied For

Not Applicable

Zip

**33401**

Country

**USA**

Zip

**33401**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.  
 941 FOURTH STREET #200  
 MIAMI BEACH FL 33139**

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, 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  Delete  
 NAME **D BONE, MELANIE M.D.**  
 STREET ADDRESS **ONE CLEARLAKE CENTRE, SUITE 1404**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE  Change  Addition  
 NAME **D BONE, MELANIE M.D**  
 STREET ADDRESS **550 S. QUADRILLE BLVD. #201**  
 CITY-ST-ZIP **WEST PALM BCH, FL 33401**

TITLE  Delete  
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TITLE  Change  Addition  
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 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:

*Melanie Bone* **MELANIE BONE MD**

**(561) 832-1970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)