

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90249 043 ***150.00

DOCUMENT # P99000079013

1. Entity Name

MILLENNIUM NEONATOLOGY ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1613 NORTH HARRISON PKWY 1613 NORTH HARRISON PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

SUITE 200

City & State

City & State

SUNRISE FL

SUNRISE FL

Zip

Country

33323

USA

Zip

Country

33323

USA

4. FEI Number

65-0974897

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0065958

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JAY A. MARTUS

Street Address (P.O. Box Number is Not Acceptable)

1613 NORTH HARRISON PARKWAY

SUITE 200

City

SUNRISE

FL

Zip Code

33323

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 of registered agent or printed name of registered agent and title if applicable.

JAY A. MARTUS

(NOTE: Registered Agent signature required when reinstating)

4/27/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
IPARRAGUIRRE JOSE ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P-S-T-D
CHANDLER, BARRY ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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.

MILLENNIUM NEONATOLOGY ASSOCIATES, P.A.

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry C. Chandler, PRES

4/25/01

Date

954-838-2769

Daytime Phone #

CR2E034 (11/00)