

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90888 005 ***150.00

DOCUMENT # **7990001054302**

1. Entity Name
Richard E. Eisenman, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10131 W. Forest Hill Blvd.

Suite, Apt. #, etc.
Suite 100-A.

3. Mailing Address
10131 W. Forest Hill Blvd.

Suite, Apt. #, etc.
Suite 100-A.

DO NOT WRITE IN THIS SPACE

City & State
Wellington FL.

City & State
Wellington FL.

4. FEI Number
65-0967589

Applied For
Not Applicable

Zip
33414

Country
U.S.A.

Zip
33414

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Kelley, Craig I. Esq.

Street Address (P.O. Box Number is Not Acceptable)
Ward, Damon, Beverly, Tittle & Posner, P.A.

4420 Beacon Cir., Suite. 100

City
West Palm Beach FL

Zip Code
33410

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVTS
Eisenman, Richard E, MD. P.A.
10131 W. Forest Hill Blvd, # 100A
Wellington, FL. 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (561) 753-7487
Date Daytime Phone #

CR2E034B (12/01)