

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

0077442 AV

DOCUMENT # S21217

1. Entity Name

BRUCE J. KELSON, D.C., P.A.

(Handwritten mark)

Principal Place of Business

**7050 WEST PALMETTO PARK RD
 SUITE #41
 BOCA RATON FL 33433**

Mailing Address

**7050 WEST PALMETTO PARK RD
 SUITE #41
 BOCA RATON FL 33433**

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

65-0232805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELSON, BRUCE J.
 21682 SAN SIMEON CIRCLE
 BOCA RATON FL**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **KELSON, BRUCE J.**
 STREET ADDRESS **7050 WEST PALMETTO PARK RD**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

(Handwritten Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce J. Kelson 7-19-01

Date

Daytime Phone #

561 338-4034

CR2E034 (5/01)

ATTACHMENT

BRUCE J. KELSON, D.C., P.A.

**MANIPULATION, PHYSICAL MEDICINE AND REHABILITATION
DIPLOMATE AMERICAN ACADEMY OF PAIN MANAGEMENT**

GARDEN SHOPS AT BOCA
7050 WEST PALMETTO PARK ROAD • SUITE 41
BOCA RATON, FL 33433

TELEPHONE
(561) 338-4034
(561) 338-4093

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

521217

To Whom It May Concern,

Pursuant to our telephone conversation with Scott B. from your office, we are enclosing a check for \$150.00. Our office in Boca Raton, Florida was opened in late January of 2000. We recently received our first notice that funds were due your office for \$150.00 plus a late file penalty of \$400.00 for filing late. Scott B. from your office advised us that we should have received a previous notice that funds of \$150.00 were due by the Florida Department of State Division of Corporations in January 2001, which we did not receive. Please take into consideration that our first notice for payment due was not received by this office until July 2001.

If you have any questions, please contact this office at your earliest convenience.

Thank you in advance,

Bruce J. Kelson D.C., P.A.
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