

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90141 046 ***550.00

0073858
AV

DOCUMENT # S23289

1. Entity Name

JESSE H. EISENMAN, M.D., P.A.

Principal Place of Business

**1411 N FLAGLER DR #4700
WEST PALM BEACH FL 33401**

Mailing Address

**1411 N FLAGLER DR #4700
WEST PALM BEACH FL 33401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10131 W. Forest Hill Blvd

Suite, Apt. #, etc.

Suite 100 A

City & State

Wellington, FL

Zip

33414

Country

Palm Beach

3. Mailing Address

10131 W. Forest Hill Blvd

Suite, Apt. #, etc.

Suite 100 A

City & State

Wellington, FL

Zip

33414

Country

Palm Beach

4. FEI Number

65-0243012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EISENMAN, JESSE

1411 N FLAGLER DR #4700

WEST PALM BEACH FL 33401

Name

Eisenman, Jesse

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

10131 W. Forest Hill Blvd

Suite 100 A

City

Wellington

FL

Zip Code

33414

7. Name and Address of New Registered Agent

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. ☐

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

TITLE ☐ Delete

**D
EISENMAN, JESSE
1411 N. FLAGLER DR
WEST PALM BEACH FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
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 recorder 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-30-01

CR2E034 (5/01)