

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90124 031 \*\*\*150.00

**DOCUMENT # S54865**

1. Entity Name  
**TAMARA L. GMITTER, M.D., P.A.**

Principal Place of Business

1604 TOWN CENTER BLVD.  
 SUITE D  
 WESTON FL 33326  
 US

Mailing Address

1976 N.W. 29TH RD.  
 BOCA RATON FL 33431  
 US

*same*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7301-A W. Palmetto Park Rd.**

3. Mailing Address

**7301-A W. Palmetto Park Rd.**

Suite, Apt. #, etc.

**Suite 305-A**

Suite, Apt. #, etc.

**Suite 305-A**

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

Zip

**33433**

Country

**USA**

Zip

**33433**

Country

**USA**

4. FEI Number

**65-0264724**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GMITTER, TAMARA L.**  
**1604 TOWN CENTER BLVD.**  
**SUITE D**  
**WESTON FL 33326**

7. Name and Address of New Registered Agent

Name  
**Gmitter, Tamara L.**  
 Street Address (P.O. Box Number, Not Applicable)  
**1604 Town Center Blvd.**  
**7301-A W. Palmetto Park Rd, Suite 305-A**  
**Boca Raton FL 33433**

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, 2002 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GMITTER, TAMARA L.</b>	
STREET ADDRESS	<b>1976 NW 29TH RD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<del>Gmitter, Tamara L.</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>Gmitter, Tamara L.</del>	
STREET ADDRESS	<del>1604 Town Center Blvd.</del>	
CITY-ST-ZIP	<del>Boca Raton FL 33433</del>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

**SIGNATURE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/22/02 (561) 362-0510**

CR2E034 (9/01)