

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90581 016 ***150.00

DOCUMENT # V31961

1. Entity Name

EQUINE SPORTS MEDICINE ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

**6793 PARK LANE EAST
 LAKE WORTH FL 33467**

**P.O. BOX 740016
 BOYNTON BEACH FL 33474
 US**

CU020000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7934 Stirlingbridge Blvd

3. Mailing Address

Po Box 480278

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

65-0326160

Applied For

Not Applicable

Zip

Country

33446

Zip

Country

33448

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

NOLAN, PAUL N

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

18580 Ocean Mist Dr

City

Boca Raton

FL

Zip Code

33498

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, 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	D	<input type="checkbox"/> Delete
NAME	NOLAN, PAUL N	
STREET ADDRESS	6793 PARK LANE EAST	
CITY-ST-ZIP	LAKE WORTH FL	
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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul M Nolan	
STREET ADDRESS	18580 Ocean Mist Dr	
CITY-ST-ZIP	Boca Raton FL 33498	
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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M Nolan DVM

Date

Daytime Phone #

01/12/00 561-865-2997

CR2E034 (10/00)