

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90063 012 \*\*\*150.00

U11012

**DOCUMENT # P99000100915**

1. Entity Name  
**JEFFREY A. STEINER, M.D., P.A.**

Principal Place of Business <b>2245 NORTH UNIVERSITY DRIVE          PEMBROKE PINES FL 33024</b>	Mailing Address <b>2245 NORTH UNIVERSITY DRIVE          PEMBROKE PINES FL 33024</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	Zip	Country
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4. FEI Number <b>65-0963459</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent  
**AMERICAN INFORMATION SERVICES, INC.  
 ONE S.E. 3RD AVENUE  
 28TH FLOOR  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **JEFFREY A STEINER MD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2245 N UNIVERSITY DR.**  
 City **PEMBROKE PINES** **FL** Zip Code **33024**

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.

X SIGNATURE DATE **1/12/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME	<input type="checkbox"/> Delete
<b>D STEINER, JEFFREY A M.D.</b>	
<b>2245 NORTH UNIVERSITY DRIVE</b>	
<b>PEMBROKE PINES FL 33024</b>	
TITLE NAME	<input type="checkbox"/> Delete
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TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

X SIGNATURE: DATE **1/12/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)