

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90005 036 ***150.00

0049027 AV

DOCUMENT # 470167

1. Entity Name

ARTHUR I. GILBERT, M. D., P. A.

Principal Place of Business

**6250 SUNSET DRIVE
 SUITE 200
 MIAMI FL 33143
 US**

Mailing Address

**6250 SUNSET DRIVE
 SUITE 200
 MIAMI FL 33143
 US**

A0077665



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

59-1576528

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GILBERT, ARTHUR I MD
 6250 SUNSET DRIVE #200
 MIAMI FL 33143**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS GILBERT, ARTHUR I 6280 SUNSET DRIVE #410 MIAMI, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Arthur I. Gilbert
 SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)



Established 1986

7-10-01

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: FEI # 59-1576528 - Arthur L. Gilbert, M.D., P.A.
< Late Fee >

To Whom It May Concern:

Enclosed please find a check in the amount of \$ 150.00, which is the payment for the 2001 Uniform Business Report for the above listed FEI (59-1576528).

Our office received the first and only payment request for the corporation dues on 7-5-01. I immediately called the Department of State regarding this matter, and I was advised to forward a letter with my payment of \$ 150.00, explaining that I never received a payment request earlier. The representative whom I spoke with could not assist me any further.

Our office is very efficient, and I am positive that this was the first and only request for the annual corporation payment. Please accept the enclosed payment as payment in full.

If you have questions regarding my request, please call me at 800-243-7642. I am very eager to resolve this matter promptly. Your assistance in this matter is greatly appreciated.

Sincerely,

Jennifer O'Dell
Office Manager

Enclosure

JKO/jo

Attachment
#470167
A0071665

6250 Sunset Drive
Second Floor
Miami, Florida 33143
Phone (305) 667-7878
Fax (305) 667-7459

Outside of Dade County:

1-(800) A HERNIA • (800) 243-7642

E-Mail: hif@hernia-institute.com

Web Page: www.hernia-institute.com