

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90112 044 ***150.00

DOCUMENT # 508015

Entity Name
GENOVESE & ROBERTS, M.D.'S, P.A.

Principal Place of Business
907 SOUTH AMERICA WAY
MIAMI FL 33132

Mailing Address
907 SOUTH AMERICA WAY
MIAMI FL 33132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1682869		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent KURZWEL, HOWARD E 328 MINORCA AVENUE 2ND FLOOR CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____	
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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 _____ DATE _____
(Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when reappointing))

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD GENOVESE, PETER R., MD	TITLE	
NAME	6341 SUNSET DRIVE	NAME	
STREET ADDRESS	S. MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST ROBERTS, ALAN K, MD	TITLE	
NAME	6341 SUNSET DRIVE	NAME	
STREET ADDRESS	S MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 8-7-01 365-667-1571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone



Attachment
A0083156

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 14, 2001

GENOVESE & ROBERTS, M.D.'S, P.A.
907 SOUTH AMERICA WAY
MIAMI, FL 33132

Subject: GENOVESE & ROBERTS, M.D.'S, P.A.

Reference Number: 508015

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg
ANNUAL REPORTS SECTION