

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90065 021 \*\*\*158.75

**DOCUMENT # 584394**

1. Entity Name  
**ORNSTEIN, ROMAN & NEUSTATER, M.D., P.A.**

Principal Place of Business  
**16855 NE 2ND AVE. #202**  
**NORTH MIAMI BEACH FL 33162**

Mailing Address  
**16855 NE 2ND AVE. #202**  
**NORTH MIAMI BEACH FL 33162**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1841456</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ORNSTEIN, DAVID H</b> <b>16855 NE 2ND AVE</b> <b>#202</b> <b>N MIAMI BEACH FL FL 33162</b>		Name <b>ROMAN, RICARDO J.</b> Street Address (Reg. Box Number is Not Acceptable) <b>16855 NE 2nd Ave #202</b> City <b>N-Miami Beach FL</b> Zip Code <b>33162</b>	

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>STD</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ORNSTEIN, DAVID H. M.D.</b>		NAME: _____	
STREET ADDRESS: <b>16855 NE 2ND AVE #202</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>NO MIAMI BCH FL 33162</b>		CITY-ST-ZIP: _____	
TITLE: <b>VPD</b>	<input type="checkbox"/> Delete	TITLE: <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>ROMAN, RICARDO, M.D.</b>		NAME: <b>NEUSTATER, BRETT K.</b>	
STREET ADDRESS: <b>16855 NE 2ND AVE #202</b>		STREET ADDRESS: <b>16855 NE 2nd Ave</b>	
CITY-ST-ZIP: <b>N. MIAMI BEACH FL 33162</b>		CITY-ST-ZIP: <b>#202 N. MIAMI BEACH FL 33162</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **Ricardo J Roman MD** 2-1-02 305 770-0023  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)