

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 602317

1. Entity Name

JOSEPH T. OSTROSKI, M.D., P.A.

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90210 045 \*\*\*150.00

Principal Place of Business

8755 SW 94TH ST  
SUITE 200  
MIAMI FL 33176  
US

Mailing Address

8755 SW 94TH ST  
SUITE 200  
MIAMI FL 33176  
US

2. Principal Place of Business

1150 CAMPOSANO AVE

Suite, Apt. #, etc.

Suite 300

City & State

CONAL GABLES, FL

Zip

33146

Country

USA

3. Mailing Address

1150 CAMPOSANO AVE

Suite, Apt. #, etc.

Suite 300

City & State

CONAL GABLES FL

Zip

33146

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1303962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OSTROSKI, JOSEPH T  
8755 SW 94TH ST  
SUITE 200  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name  
OSTROSKI, Joseph T

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

1150 CAMPOSANO AVE

Suite 300

City

CONAL GABLES

FL

Zip Code

33146

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

TITLE PD  
NAME OSTROSKI, JOSEPH T  
STREET ADDRESS 8755 SW 94TH STREET #200  
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE TD  
NAME OSTROSKI, JOSEPHINE  
STREET ADDRESS 8755 SW 9TH STREET #200  
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME OSTROSKI, Joseph T ☒ Change ☐ Addition  
STREET ADDRESS ~~8755 SW 94TH STREET~~ 1150 CAMPOSANO AVE  
CITY-ST-ZIP CONAL GABLES FL 33146 Suite 300

TITLE TD  
NAME OSTROSKI, Josephine ☒ Change ☐ Addition  
STREET ADDRESS 1150 CAMPOSANO AVE Suite 300  
CITY-ST-ZIP CONAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Joseph T Ostroski

-116-01

305-668 2147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0497559

CR2E034 (10/00)