

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604439

1. Entity Name

DIMINO, JAMES & ZELLNER, M.D., P.A.

Principal Place of Business

Mailing Address

9595 NORTH KENDALL DRIVE
SUITE 103
MIAMI FL 33176

9595 NORTH KENDALL DRIVE
SUITE 103
MIAMI FL 33176-1979

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

59-1469922

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, GEOFFREY N M.D.
9595 N. KENDALL DR., SUITE 103
MIAMI FL 33176

Name

JASON M. Zellner, MD

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

9595 N. Kendall Drive # 103

City

MIAMI

FL

Zip Code

33176

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TS
JAMES, GEOFFREY N.
9595 NORTH KENDALL DR
MIAMI FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ZELLNER, JASON MATTHEW
9595 NORTH KENDALL DR
MIAMI FL

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
DIMINO, THOMAS J.
9595 NORTH KENDALL DR
MIAMI FL

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CITY-ST-ZIP

☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90058 038 ***150.00



DO NOT WRITE IN THIS SPACE

305-271-2846

1-13-2000

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