

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F35112

1. Entity Name
YOUNG, SCHIMMEL & KANTER SURGICAL ASSOCIATES, M.

Principal Place of Business

8940 N. KENDALL DRIVE
#601-E
MIAMI FL 33176

Mailing Address

11440 N. KENDALL DR.
#104
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

YOUNG, JERROLD MD
8940 N. KENDALL DR.
SUITE 601-E
MIAMI FL 33176

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 P
NAME YOUNG, JERROLD
STREET ADDRESS 8940 N. KENDALL DRIVE., SUITE 601-E
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE SD
NAME SCHIMMEL, LAWRENCE H
STREET ADDRESS 8940 N. KENDALL DRIVE., SUITE 601-E
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE T
NAME KANTER, STEVEN
STREET ADDRESS 8940 N. KENDALL DRIVE., SUITE 601-E
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004718209-12/11/01--01031--006
****550.00 ****150.00 ☐ Addition

TITLE President
NAME Jerrold Young
STREET ADDRESS 8755 SW 94 ST #200
CITY-ST-ZIP MIAMI, FL 33176 ☒ Change ☐ Addition

TITLE Treasurer
NAME Steven K. Kanter
STREET ADDRESS 8755 SW 94 ST #200
CITY-ST-ZIP MIAMI, FL 33176 ☒ Change ☐ Addition

TITLE See Director
NAME Manuel A. Torres-Salinas
STREET ADDRESS 8755 SW 94 ST #200
CITY-ST-ZIP MIAMI, FL 33176 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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