

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F86499**

1. Entity Name

MITCHELL A. WEINER, M.D., P.A.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90203 029 ***150.00

Principal Place of Business
13910 LAKE SHORE BLVD STE 140
HUDSON FL 34667Mailing Address
13910 LAKE SHORE BLVD STE 140
HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2197925

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN ESQUIRE
GASSMAN & CONCETTA PA
1245 COURT STREET SUITE 102
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name
Richard M. Brothwell, CPAStreet Address (P.O. Box Number is Not Acceptable)
5318 Lindner Place

City New Port Richey FL Zip Code 34652

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 Richard M. Brothwell CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/01

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 State10. 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 PD
STREET ADDRESS WEINER, MITCHELL A
CITY-ST-ZIP 13910 LAKE SHORE BLVD.
HUDSON, FL 00000 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: MITCHELL A. WEINER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MITCHELL A. WEINER, M.D.

CR2E034 (10/00)