

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H10887

1. Entity Name

VLADIMIR EINISMAN, M.D., P.A.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90006 002 ***150.00

Principal Place of Business

Mailing Address

1217 EAST AVENUE S. SUITE 211
FL 34239

1217 EAST AVENUE S. SUITE 211
SARASOTA FL 34239-2329

Note change:



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2750 Bahia Vista St
Suite, Apt. #, etc. Suite 135
City & State Sarasota, Florida
Zip 34239 Country U.S.A.

2750 Bahia Vista St
Suite, Apt. #, etc. Suite 135
City & State Sarasota, Florida
Zip 34239 Country U.S.A.

4. FEI Number 59-2425830

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

EINISMAN, VLADIMIR MD
1217 EAST AVENUE S., SUITE 211
SARASOTA FL 34239

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 \$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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EINISMAN, VLADIMIR	
STREET ADDRESS	1217 E AVE S, STE 211	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Enisman, Vladimir	
STREET ADDRESS	2750 Bahia Vista St Suite	
CITY-ST-ZIP	Sarasota, Fla 34239 135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 741-364-9635

CR2E034 (9/99)