

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H12602

1. Entity Name

GULF COAST SPEECH AND HEARING CENTER, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90145 010 ***150.00

Principal Place of Business

1805 SIESTA DRIVE
SARASOTA FL 34239
US

Mailing Address

1805 SIESTA DRIVE
~~881 HUDSON AVE~~ Delete
SARASOTA FL 34239
US

907441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1805 Siesta Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota, FL

4. FEI Number 59-2406823

Applied For

Not Applicable

Zip

Country

Zip

Country

34299

US

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

RUBINSTEIN, LEONARD A., M.D.
1805 SIESTA DRIVE
SARASOTA FL 34239 34239

Name

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

City

FL

Zip Code 34239

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RUBINSTEIN, LEONARD A
STREET ADDRESS 1805 SIESTA DRIVE
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

1/18/01 941-957-3890

CR2E034 (10/00)