

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001001

1. Entity Name

INTERNAL MEDICINE ASSOCIATES OF MIAMI BEACH, LLC

FILED

01 MAR 12 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4302 ALTON ROAD, SUITE 830
MIAMI BEACH FL 33140

Mailing Address

4302 ALTON ROAD, SUITE 830
MIAMI BEACH FL 33140

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

65-0977541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLASER, ALLAN M ESQ.
11900 BISCAYNE BOULEVARD SUITE 807
N. MIAMI FL 33181

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM FORSTER, ANDREW J MD ☐ Delete
STREET ADDRESS 4302 ALTON ROAD, SUITE 830
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE NAME MGRM REINBERG, JAY E MD ☐ Delete
STREET ADDRESS 4302 ALTON ROAD, SUITE 830
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE NAME MGRM VAZQUEZ, JOSE L MD ☐ Delete
STREET ADDRESS 4302 ALTON ROAD, SUITE 830
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME 500003853836 ☐ Addition
STREET ADDRESS -03/15/01--01047--014
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ✓

SIGNATURE REQUIRED

ANDREW Forster MD

Date

Daytime Phone #

CR2E083 (11/00)

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