

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90469 008 ***150.00

DOCUMENT # L96351

1. Entity Name
ANDREW H. KRINSKY, M.D., P.A.



Principal Place of Business
**1801 UNIVERSITY DR.
SUITE 201
CORAL SPRINGS FL 33071**

Mailing Address
**1801 UNIVERSITY DR.
SUITE 201
CORAL SPRINGS FL 33071**



2. Principal Place of Business

**7401 N. University Dr.
Suite, Apt. #, etc.
203**

3. Mailing Address

**7401 N. University Dr.
Suite, Apt. #, etc.
203**

☐ CHECK HERE IF MAKING CHANGES

City & State

TAMARAC, FL

City & State

TAMARAC, FL

4. FEI Number

65-0212384

Applied For

Not Applicable

Zip

33321

Country

Broward

Zip

33321

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRINSKY, M.D., ANDREW
1801 UNIVERSITY DR SUITE 201
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **Krinsky, M.D. Andrew H.**

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

7401 N. University Dr, #203

City **TAMARAC**

FL

Zip Code **33321**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **KRINSKY, ANDREW H.**
STREET ADDRESS **1801 UNIVERSITY DR, #201**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **ST** ☐ Delete
NAME **KRINSKY, ANDREW H.**
STREET ADDRESS **1801 UNIVERSITY DR, #201**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **7401 N. University Dr. #203**
STREET ADDRESS **TAMARAC, FL 33321**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **7401 N. University Dr. #203**
STREET ADDRESS **TAMARAC, FL 33321**
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-03 954-76 2002

CR2E034 (10/02)