

# 2000 UNIFORM BUSINESS REPORT (UBR)

0028414

DOCUMENT # N93000002220

1. Entity Name

MIAMI OBSTETRICAL AND GYNECOLOGICAL SOCIETY, INC

Principal Place of Business

UNIVERSITY OF MIAMI-SCHOOL OF MEDICINE  
P.O. BOX 016960  
MIAMI FL 33101

Mailing Address

UNIVERSITY OF MIAMI-SCHOOL OF MEDICINE  
P.O. BOX 016960  
MIAMI FL 33101-6960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

65-0411495

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

KLEIN, THEODORE J ESQ  
16855 N.E. 2ND AVENUE  
SUITE 301  
NORTH MIAMI BEACH FL 33162

Name

ANTONIO GARCIA C.P.A.

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

A+E GARCIA P.A.

2588 S.W. 27 AVENUE

City

MIAMI

FL

Zip Code

33143

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/26/00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TPD  
ROTH, MICHAEL  
1600 N.W. 2ND AVE SUITE 201  
MIAMI FL 33169 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SAFINSKI, ROBERT J  
7800 SW 87TH AVENUE BLDG. A STE. 120  
MIAMI FL 33173 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Karen J Simmons MD  
Department of OB-GYN  
P.O. Box #016960 (D-51)  
Miami, FL 33101 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PED  
NASSER, DEAN  
1800 EAST COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
BURKETT, GENE  
P.O. BOX 016960 (R-136)  
MIAMI FL 33101 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003514814-1  
-12/27/00--01078--027  
\*\*\*\*175.00 \*\*\*\*175.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
ROSS, ROBERT A  
100 N.W. 170 ST. SUITE 303  
MIAMI FL 33169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003514514-1  
-12/27/00--01078--028  
\*\*\*\*\*61.25 \*\*\*\*\*61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 617, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-26-00

Daytime Phone #

305-585-5181

CR2E037 (9/99)