

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90032 011 ***150.00

DOCUMENT # P00000008592

1. Entity Name

SOUTH BEACH MEDICAL CARE, INC.

Principal Place of Business 4338 SW 8 STREET MIAMI, FL 33134	Mailing Address 4338 SW 8 STREET MIAMI, FL 33134
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2. Principal Place of Business 300 ARTHUR GODFREY ROAD	3. Mailing Address 770 PONCE DE LEON BLVD
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Suite, Apt. #, etc. SUITE 200-A	Suite, Apt. #, etc. 210
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City & State MIAMI BEACH, FL	City & State CORAL GABLES, FL
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Zip 33140	Country USA	Zip 33134	Country USA
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4. FEI Number 65-0975367	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VERBITSKY, MICHAEL
300 ARTHUR GODFREY RD,
STE 200-A
MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent

Name METSCH, BENJAMIN R
Street Address (P.O. Box Number is Not Acceptable) 1455 NW 14TH STREET,
City MIAMI
State FL
Zip Code 33125

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



BENJAMIN R METSCH

04/29/01

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

TITLE PVST	<input type="checkbox"/> Delete
NAME VERBITSKY, MICHAEL	
STREET ADDRESS 300 ARTHUR GODFREY RD #200-A	
CITY - ST - ZIP MIAMI BEACH, FL 33140	

TITLE D	<input type="checkbox"/> Delete
NAME VERBITSKY, MICHAEL	
STREET ADDRESS 300 ARTHUR GODFREY RD #200-A	
CITY - ST - ZIP MIAMI BEACH, FL 33140	

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
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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 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
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STREET ADDRESS	
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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



MICHAEL VERBITSKY

04/29/01 305-444-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #