

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90211 013 ***150.00

DOCUMENT # P00000077121

1. Entity Name
ALFREDO D. VOLOSCHIN MD, P.A.

Principal Place of Business **Mailing Address**
1150 NORTH 35TH AVENUE, SUITE 455 **1150 NORTH 35TH AVENUE, SUITE 455**
HOLLYWOOD FL 33021 **HOLLYWOOD FL 33021**

2. Principal Place of Business **3. Mailing Address**
2110 Biscayne Blvd **PO Box 801052**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
200

City & State **City & State**
Aventura, FL **Aventura, FL**
Zip **Country** **Zip** **Country**
33180 **USA** **33280-1052** **USA**

4. FEI Number **65-1032349** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**


6. Name and Address of Current Registered Agent

VOLOSCHIN, ALFREDO D MD
1150 NORTH 35TH AVENUE, SUITE 455
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name **Alfredo D. Voloschin MD**
Street Address (P.O. Box Number is Not Acceptable)
2110 Biscayne Blvd. #200
City **Aventura** **FL** **Zip Code** **33180**

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  **4/27/02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **VOLOSCHIN, ALFREDO D MD**
STREET ADDRESS **3816 HOLLYWOOD BLVD. SUITE 102**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President & Director** ☒ **Change** ☐ **Addition**
NAME **Alfredo D. Voloschin MD**
STREET ADDRESS **2110 Biscayne Blvd #200**
CITY-ST-ZIP **Aventura, FL 33180**

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


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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/27/02 **305-931-2622**
Date **Daytime Phone #**

01/06/02
 AV

CR2E034 (9/01)