

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91414 037 ***150.00

DOCUMENT # P00000077121

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



Principal Place of Business
**21110 BISCAYNE BLVD
200
AVENTURA FL 33180**

Mailing Address
**PO BOX 801052
AVENTURA FL 33280-1052**

2. Principal Place of Business

3. Mailing Address

40 Burning Tree Rd

40 Burning Tree Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Natick MA

City & State

Natick MA

Zip

01760

Country

Zip

01760

Country

4. FEI Number **65-1032349**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VOLOSCHIN, ALFREDO D MD
21110 BISCAYNE BLVD #200
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **Jan Berkowitz**
Street Address (P.O. Box Number is Not Acceptable)
Berkowitz & Associates
2600 N. Military Trail #270
City **Boca Raton** Zip Code **33431**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **VOLOSCHIN, ALFREDO D MD**
STREET ADDRESS **21110 BISCAYNE BLVD #200**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **MD - President** ☐ Change ☐ Addition
NAME **Alfredo D. Voloschin MD**
STREET ADDRESS **40 Burning Tree Rd**
CITY-ST-ZIP **Natick MA 01760** **(changed address)**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4/25/03 508-651-5281

Date Daytime Phone #

CR2E034 (10/02)