

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114730

1. Entity Name

FLORIDA INSTITUTE OF NEUROLOGY AND CARDIOLOGY, P.A.

Principal Place of Business

Mailing Address

5124 HOLLYWOOD BLVD  
HOLLYWOOD FL 33021

5124 HOLLYWOOD BLVD  
HOLLYWOOD FL 33021

2. Principal Place of Business

2434 POINCIANA CT

3. Mailing Address

2434 POINCIANA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

WESTON FL

Zip

33327

Country

Zip

33327

Country

4. FEI Number

65-1062715

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

STEINBERG, JEFF MD  
5124 HOLLYWOOD BLVD  
HOLLYWOOD FL 33021

Name

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

2434 POINCIANA COURT

City

WESTON

FL

Zip Code

33327

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D P  
STREET ADDRESS STEINBERG, JEFF MD  
CITY-ST-ZIP 2434 POINCIANA COURT  
WESTON FL 33327

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

TITLE ☐ Delete  
NAME D V  
STREET ADDRESS JAFFE, JOHNATHAN MD  
CITY-ST-ZIP 2477 POINCIANA COURT  
WESTON FL 33327

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Steinberg

Date

3/21/01 954-349

Daytime Phone #

7972

FILED  
Mar 23, 2001 8:00 am  
Secretary of State

03-23-2001 90008 003 \*\*\*150.00

C0036998



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)