

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90097 034 ***150.00

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DOCUMENT # P01000081297

1. Entity Name

GYNECOLOGIC ONCOLOGY OF SOUTH FLORIDA, PA

Principal Place of Business

Mailing Address

11200 SW 29TH STREET
 MIAMI FL 33165

11200 SW 29TH STREET
 MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

6701 Sunset Drive
 Suite, Apt. #, etc.
 Suite 200B

6701 Sunset Drive
 Suite, Apt. #, etc.
 Suite 200B

City & State

City & State

Miami, FL

Miami, FL

4. FEI Number

05-1139935

Applied For

Not Applicable

Zip

Country

Zip

Country

33143

USA

33143

USA

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

ESTAPE, RICARDO E MD
 11200 SW 29TH STREET
 MIAMI FL 33165

Name

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

City

FL

Zip Code

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

D
 ESTAPE, RICARDO E MD
 11200 SW 29TH STREET
 MIAMI FL 33165

TITLE
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☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

305-666-1811

Daytime Phone #

CR2E034 (9/01)