

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90209 037 ***158.75

0005452 AT

DOCUMENT # P01000119950

1. Entity Name

GEORGE R. TERSHAKOVEC, M.D., P.A.



Principal Place of Business

7000 SW 62 AVENUE
SUITE 310
MIAMI FL 33143

Mailing Address

7000 SW 62 AVENUE
SUITE 310
MIAMI FL 33143

2. Principal Place of Business

151 NW 11 STREET

3. Mailing Address

151 NW 11 STREET

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

301

City & State

HOMESTEAD FL

City & State

HOMESTEAD F

Zip

33030

Country

USA

Zip

33030

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0391974

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERSHAKOVEC, GEORGE R MD
7000 SW 62 AVENUE
SUITE 310
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name
Tershakovec, George R MD
Street Address (P.O. Box Number is Not Acceptable)
151 NW 11 STREET
SUITE 301
City
Homestead, FL Zip Code
33030

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE
NAME
D
TERSHAKOVEC, GEORGE R MD
STREET ADDRESS
7000 SW 62 AVENUE
CITY-ST-ZIP
MIAMI FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
Tershakovec, George R MD ☒ Change ☐ Addition
STREET ADDRESS
151 NW 11 ST # 301
CITY-ST-ZIP
Homestead, FL 33030

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

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

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

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

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

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 OF SIGNING OFFICER OR DIRECTOR
George R. Tershakovec, MD

4-30-03

Date

(305) 247-4555

Daytime Phone #

CR2E034 (10/02)