

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000106096

1. Entity Name
MINKOFF SPORTSOPEDIC ASSOCIATES, P.A.



03 OCT 13 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ATTN: DR. JEFFREY MINKOFF
2900 NORTH MILITARY TRAIL STE. 241A
BOCA RATON FL 33431

Mailing Address
ATTN: DR. JEFFREY MINKOFF
2900 NORTH MILITARY TRAIL STE. 241A
BOCA RATON FL 33431



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0801527

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

EMAS, MARSHALL J
200 E. BROWARD BOULEVARD
SUITE 2000
FORT LAUDERDALE FL 33301-

7. Name and Address of New Registered Agent

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. 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 re-registering)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MINKOFF, JEFFREY
2900 NORTH MILITARY TRAIL, SUITE 241A
BOCA RATON FL 33431 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

REQUIRED

7-FEB

561-999-9349

Date

Daytime Phone #

CR2E034 (4/03)



JEFFREY MINKOFF, M.D.

October 9, 2003

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P O BOX 6327
TALLAHASSEE FL 32314

DOCUMENT# P02000106096
ENTITY NAME MINKOFF SPORTSOPEDIC ASSOCIATES, PA

To Whom It May Concern:

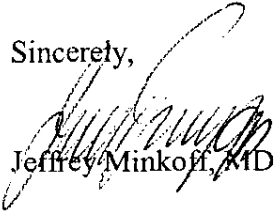
I received a notice of "Administrative Dissolution or Revocation" and immediately called (850) 245-6059 and spoke with Justin. He advised me that a notice was mailed out on July 14, 2003 requesting Tax ID# for corporation. Such notice was not received at office location and was instructed to write a letter stating the circumstances and list Tax ID#.

Minkoff Sportsopedic Associates, PA
2900 N Military Trail Suite 241A
Boca Raton FL 33431
561-999-9349

TAX ID# 55-0801527

Thanking you in advance for cooperation to this matter.

Sincerely,


Jeffrey Minkoff, MD

JM/md