

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013443

1. Entity Name

SOUTH FLORIDA SUBSPECIALISTS, P.A.

Principal Place of Business

750 SOUTH FEDERAL HIGHWAY
BERNARD MILLOFF MEDICAL CENTER
HOLLYWOOD FL 33020

Mailing Address

750 SOUTH FEDERAL HIGHWAY
BERNARD MILLOFF MEDICAL CENTER
HOLLYWOOD FL 33020-5424

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

65-0470026

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

KLEIN, THEODORE J
88 NE 168TH ST.
N. MIAMI BCH. FL 33162

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, 2000 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	VD	<input checked="" type="checkbox"/> Delete
NAME	SILVER, STANLEY M M.D.	
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, LEO M.D.	
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HIRSCH, HENRY D M.D.	
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREENBERG, EDWARD H M.D.	
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OXENHANDLER, SCOTT M.D.	
STREET ADDRESS	750 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, 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 in the attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90064 016 ***150.00

A0009985



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)