

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018713

1. Entity Name

ERIK VAN GINKEL, M.D., INC.

Principal Place of Business

7540 SW 61ST AVE
SUITE 200
MIAMI FL 33143
US

Mailing Address

7405 SW 79TH X-CT
MIAMI FL 33143
US

2. Principal Place of Business

South Miami Hospital.

3. Mailing Address

PO Box 432010

Suite, Apt. #, etc.

6200 SW 73 St 2E Tower

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

33143

Country

USA

Zip

33243

Country

USA

4. FEI Number

65-0573859

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN GINKEL, ERIK M.D.
7405 SW 79TH CT
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

Erik van Ginkel

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

6200 SW 73 St 2E Tower

City

Miami

FL

Zip Code

33143

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VAN GINKEL, ERIK M.D.
7301 SOUTHWEST 83RD COURT
MIAMI FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01

305 662 3112

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90081 041 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)