

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
 04-09-2001 90072 045 ***150.00

0397841

DOCUMENT # P95000083831

1. Entity Name

SAMUEL T. PINOSKY, M.D., P.A.

Principal Place of Business

**7368 STONEGATE DR
 NAPLES FL 34109
 US**

Mailing Address

**7368 STONEGATE DR
 NAPLES FL 34109
 US**

00033006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5150 Tamiami Trail N.

3. Mailing Address

5150 Tamiami Trail N.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Naples FL.

City & State

Naples FL.

4. FEI Number **65-0619828**

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FISHER, ALAN M ESQ.
 6401 SOUTHWEST 87TH AVENUE
 STE 200
 MIAMI FL 33173**

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.

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 **P** ☐ Delete
 NAME **PINOSKY, SAMUEL T M.D.**
 STREET ADDRESS **7368 STONEGATE DR**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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 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

Date

Daytime Phone #

Samuel T Pinosky M.D. **4/4/01** **941 263-2385**

CR2E034 (10/00)