

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038100

1. Entity Name

SOUTH FLORIDA GERIATRICS, INC.

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90025 045 \*\*\*150.00

Principal Place of Business

Mailing Address

16800 NW 2ND AVE  
#204  
N. MIAMI FL 33169  
US

16800 NW 2ND AVE  
#204  
N. MIAMI FL 33169-5504  
US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0671768

Applied For

Not Applicable

Zip

Country

Zip

Country

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

YVONNE G. GRASSIE, P.A.  
2597 TRAPP AVE  
COCONUT GROVE FL 33133

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 DVS ☐ Delete  
NAME ENGLISH, SCOTT M.D.  
STREET ADDRESS 16800 NW 2ND AVE, #204  
CITY-ST-ZIP MIAMI FL 33169

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

TITLE D ☒ Delete  
NAME PIANKO, LEONARD M.D.  
STREET ADDRESS 2797 NE 207TH STREET #201  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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

SCOTT R. ENGLISH, M.D.

4/13/00  
Date

(305) 651-9988  
Daytime Phone #

CR2E034 (9/99)