

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90406 029 ***150.00

DOCUMENT # P96000050946

1. Entity Name
KATHERINE DALE GENTHER, M.D., P.A.

Principal Place of Business Mailing Address
11630 S.W. 62ND AVENUE 11630 S.W. 62ND AVENUE
MIAMI FL 33156 MIAMI FL 33156

2. Principal Place of Business 3. Mailing Address
8930 S.W. 115TH TERRACE 8930 S.W. 115TH TERRACE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL MIAMI, FL
 Zip Country Zip Country
33176 U.S.A. 33176 U.S.A.

4. FEI Number **65-0681512** 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

KRINZMAN, ALAN E
2601 S. BAYSHORE DRIVE
SUITE 600
MIAMI FL 33133

Name **KRINZMAN, ALAN E.**
 Street Address (P.O. Box Number is Not Acceptable)
133 SEVILLA AVENUE
 City **CORAL GABLES, FL FL** Zip Code **33134**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTHER, KATHRINE D 11630 S.W. 62ND AVENUE MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTHER, KATHRINE D. 8930 S.W. 115TH TERRACE MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Katherine Dale Genther, M.D., P.A.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHERINE DALE GENTHER, M.D., P.A.

Date: **4/11/01** Daytime Phone #: **(305) 275-2225**

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE