## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 08, 2002 8:00 am Secretary of State DOCUMENT # P96000050946 1. Entity Name 05-08-2002 90042 042 \*\*\*150 00 KATHERINE DALE GENTHER, M.D., P.A. Principal Place of Busingss Mailing Address 8930 SW 115TH TERRACE 8930 SW 115TH TERRACE RACTEAND MIAMI FL 33176 MIAM! FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0681512 Not Applicable Zip Country Zip Country **\$8.75** Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent in/man KRINZMAN, ALAN E Street Address (P.O. Box Number is Not Acceptable) **133 SEVILLA AVENUE** CORAL GABLES FL 33134 8. The above nity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATUR and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its In tangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change CR2E034 (9/01) ☐ Addition NAME GENTHER, KATHRINE D NAME STREET ADDRESS 8930 SW 115TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is changed, or on an attachment with an address, with all other like empowered.