

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000059157**

1. Entity Name

INFECTIONS MANAGED, INC.**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90171 002 ***150.00

Principal Place of Business

**4300 ALTON RD
MIAMI BCH FL 33140**

Mailing Address

**4300 ALTON RD
MIAMI FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0680333**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KUSHNER, DANIEL S CPA
GERSON, PRESTON & CO., P.A.
666 71ST STREET
MIAMI BCH FL 33141**

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, 2002 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 **CHAN, JOSEPH M.D.**
STREET ADDRESS **4300 ALTON RD**
CITY-ST-ZIP **MIAMI BCH FL 33140**TITLE **D** ☐ Delete
NAME **RENAE, STEPHEN A MD**
STREET ADDRESS **4750 N. FEDERAL HWY., STE 200**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**TITLE **D** ☐ Delete
NAME **EDELSTEIN, SIMON M M.D.**
STREET ADDRESS **16800 N.W. 2ND AVE., #606**
CITY-ST-ZIP **MIAMI FL 33169**TITLE **D** ☐ Delete
NAME **BAKER, BARRY M.D.**
STREET ADDRESS **7800 S.W. 87TH AVE**
CITY-ST-ZIP **MIAMI FL 33173**TITLE **D** ☐ Delete
NAME **RATZAN, KENNETH MD**
STREET ADDRESS **4300 ALTON RD**
CITY-ST-ZIP **MIAMI BCH FL 33140**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-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 the like empowered.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-674-2266

0225867 AV

CR2E034 (9/01)