

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

0212462

**DOCUMENT # P97000002852**  
 1. Entity Name  
**GARY C. KUSHNER, M.D. P.A.**

04-04-2001 90068 011 \*\*\*150.00

Principal Place of Business: **16800 N.W. 2ND AVE. SUITE 102 MIAMI FL 33169**  
 Mailing Address: **16800 N.W. 2ND AVE. SUITE 102 MIAMI FL 33169**

00041790



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **65-0728010**  
 Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**KUSHNER, GARY C M.D.  
 16800 N.W. 2ND AVE.  
 SUITE 102  
 MIAMI FL 33169**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PSD KUSHNER, GARY MD 16800 NW 2ND AVE., STE 102 NORTH MIAMI BEACH FL 33169</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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: Gary Kushner MD PA 4/1/01 305-651-3057  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)