

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021975

1. Entity Name

STEINHART HEALTH QUEST, P.A.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90337 021 ***158.75

A0020880



DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------|--|---------|
| Principal Place of Business 3659 SOUTH MIAMI AVENUE SUITE 4006 MIAMI FL 33133 | | Mailing Address 3659 SOUTH MIAMI AVENUE SUITE 4006 MIAMI FL 33133 | |
| 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 | 65-0817670 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

| | | | |
|--|--|--|----|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| STEINHART, CORKIN R 3659 SOUTH MIAMI AVENUE SUITE 4006 MIAMI FL 33133 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | |
| | | City | FL |

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEINHART, CORKLIN R 2659 SOUTH MIAMI AVENUE SUITE 4006 MIAMI FL 33133 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

01/30/01

Date

305-856-2171

Daytime Phone #

CR2E034 (10/00)