

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90020 035 ***150.00

DOCUMENT # P98000021975

1. Entity Name
STEINHART HEALTH QUEST, P.A.

Principal Place of Business
~~24661~~ **3661** SOUTH MIAMI AVENUE
 SUITE ~~4000~~ **806**
 MIAMI FL 33133

Mailing Address
~~3661~~ **3661** SOUTH MIAMI AVENUE
 SUITE ~~4000~~ **806**
 MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0817670**

Applied For
 Not Applicable

Zip Country

Zip Country

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

STEINHART, CORKIN R
~~3659~~ **3661** SOUTH MIAMI AVENUE
 SUITE ~~4000~~ **806**
 MIAMI FL 33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **D**
 STREET ADDRESS **STEINHART, CORKIN R**
 CITY-ST-ZIP **3661 SOUTH MIAMI AVENUE SUITE ~~4000~~ 806 MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)

\$150.00

7/8/02

STEINHART MEDICAL ASSOCIATES

3659 S. Miami Avenue
Suite 4006
Miami, Florida 33133-4231

Telephone: (305) 856-2171
Fax: (305) 859-7313

Attachment
P98000021975
119764

July 3, 2002

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: P98000021975

To Whom It May Concern:

Enclosed, please find a check for our renewal in the amount of \$150.00. I never received the first billing, as our address changed on July 1, 2001. we simply moved next door and our mail has been forwarded, but we never received THIS bill. I have made the appropriate changes on the enclosed form.

I called your office and these were the agreed upon terms.

Sincerely,

Pippa Steinhart

Pippa Steinhart
Office Manager