

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091208

1. Entity Name

WEINSTEIN DIALYSIS, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90083 038 ***150.00

Principal Place of Business

Mailing Address

3010 E. 138TH AVENUE #12
TAMPA FL 33613

3010 E. 138TH AVENUE #12
TAMPA FL 33613-3999

2. Principal Place of Business

5301 E. Fletcher Avenue

Suite, Apt. #, etc.

3. Mailing Address

5301 E. Fletcher Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33417

Country

City & State

Tampa, FL

Zip

33617

Country

4. FEI Number

59-3605086

Applied For

Not Applicable

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

R. ANDREW ROCK, ESQUIRE
401 E. JACKSON STREET
SUITE 2500
TAMPA FL 33602

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS WEINSTEIN, SAMUEL S M.D.
CITY-ST-ZIP 3010 E. 138TH AVENUE #12
TAMPA FL 33613

TITLE ☒ Change ☐ Addition
NAME 5301 E. Fletcher Avenue
STREET ADDRESS Tampa, FL 33417
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00
Date

813/571-3260
Daytime Phone #

CR20014 9/99