

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90206 020 ***150.00

0269113

DOCUMENT # S02277

1. Entity Name

STEVEN EISENSTADT, M.D., P.A.

Principal Place of Business

220 SW 84TH AVE
 203
 PLANTATION FL 33324
 US

Mailing Address

220 SW 84TH AVE
 203
 PLANTATION FL 33324
 US

2. Principal Place of Business

5601 NORTH OXIE HWY
 Suite, Apt. #, etc.
 210

3. Mailing Address

5601 NORTH OXIE HWY
 Suite, Apt. #, etc.
 210

City & State

OAKLAND PARK, FLORIDA

City & State

OAKLAND PARK, FLORIDA

Zip
 33334

Country

Zip
 33334

Country

4. FEI Number **65-0227849**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EISENSTADT, STEVEN MD
 220 SW 84TH AVE
 203
 PLANTATION FL 33324

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 supports 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 ☐ **\$5.00** May Be
 Trust Fund Contribution Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **DPST**
 STREET ADDRESS **EISENSTADT, STEVEN MD**
 CITY-ST-ZIP **220 SW 84TH AVE 203**
PLANTATION FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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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

4/24/01 (954) 236 9633
 Date Daytime Phone #

CR2E034 (10/00)