

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M50387

1. Entity Name

PROMEDICA, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90153 038 ***150.00

Principal Place of Business

5501-D AIRPORT BLVD
TAMPA, FL -- 33634

Mailing Address

5501-D AIRPORT BLVD
TAMPA, FL -- 33634

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

59-2799915

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

JAMES T SPANN
61 WINDWARD
CLEARWATER FL 33634

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 SDC
NAME SPANGLER, JOHN F.
STREET ADDRESS 122 MARTINIQUE
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE EXEC V.P. + CFO
NAME RON PADINSKE
STREET ADDRESS 790 N. HIGHLAND AVE
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Change ☒ Addition

TITLE VD
NAME SCHULTZ, ANDREW W.
STREET ADDRESS 4312 CARROLLWOOD VILL DR
CITY-ST-ZIP TAMPA FL ☒ Delete

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

TITLE P
NAME SPANN, JAMES T.
STREET ADDRESS 61 WINDWARD ISLAND
CITY-ST-ZIP CLEARWATER FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES SPANN

Date

7-24-00

Daytime Phone #

8138899250

 Promedica, Inc.

Professional Carts and Support Accessories

5501 Airport Boulevard

Tampa, Florida 33634

813-889-9250 Fax: 813-886-9342

1-800-899-5278

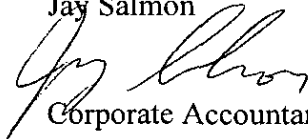
Attachment
Off # 1150387
DO 15363

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Please accept this application at the regular fee of \$150.00. We did not receive the first notice. I called to explain this situation and was told to pay the \$150.00 and send in this note.

Thank you for your cooperation, and if you have any questions please call.

Jay Salmon


Corporate Accountant