

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90057 044 ***150.00

DOCUMENT # P96000007143
 1. Entity Name
RHEUMATOLOGY CENTER OF THE FLORIDA KEYS, INC.

Principal Place of Business 10055 OVERSEAS HIGHWAY MARATHON FL 33050	Mailing Address 10055 OVERSEAS HIGHWAY MARATHON FL 33050
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5701 Overseas Highway	3. Mailing Address PO Box 501179
Suite, Apt. #, etc. 17	Suite, Apt. #, etc.

City & State Marathon, FL	City & State Marathon, FL	4. FEI Number 65-0652245	Applied For <input type="checkbox"/> Not Applicable
Zip 33050	Country USA	Zip 33050	Country USA

6. Name and Address of Current Registered Agent
LUPINO, JAMES S
100360 OVERSEAS HIGHWAY
KEY LARGO FL 33037

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 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	PST BOTELHO, CELIA F 10055 OVERSEAS HIGHWAY MARATHON FL 33050 <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: DATE **4-26-01** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)