

2000 UNIFORM BUSINESS REPORT (UBR)

2/22

FILED

Apr 28, 2000 8:00 am
Secretary of State

02-22-2000 90006 023 ***150.00

DOCUMENT # P99000020723

1. Entity Name

KIMMELCARE FAMILY PRACTICE, P.A.

Principal Place of Business

Mailing Address

~~727 JOHN ADAMS LN.~~
~~WEST MELBOURNE FL 32904~~

~~727 JOHN ADAMS LN.~~
~~WEST MELBOURNE FL 32904~~

3150 N. Wickham Rd.
Melbourne, FL 32935

3150 N. Wickham Rd.
Melbourne, FL 32935

2. Principal Place of Business

3. Mailing Address

3150 N. Wickham Rd.

3150 N. Wickham Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 9

Suite 9

City & State

City & State

Melbourne, FL

Melbourne, FL

Zip

Country

Zip

Country

32935

USA

32935

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIMMEL, MURRAY A
727 JOHN ADAMS LN.
WEST MELBOURNE FL 32904

Name KIMMEL, MURRAY A.

Street Address (P.O. Box Number is Not Acceptable)

2279 Royal Poinciana Blvd.

City Melbourne, FL Zip Code 32935

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	MURRAY A. KIMMEL	2279 Royal Poinciana Blvd.	Melbourne FL 32935	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

MURRAY A. KIMMEL, D.O. 2/15/00 (321) 7570600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #