

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717065

1. Entity Name

FORT MEADE MEDICAL CLINIC, INCORPORATED

Principal Place of Business

Mailing Address

3200 HWY 17 NORTH
P.O. BOX 976
FORT MEADE FL 33841
US

PO BOX 976
FORT MEADE FLA 33841-0976
US

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

23-7070181

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

STEDEN, MICHAEL D.
3200 HWY 17 NORTH
FT MEADE FL 33841

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME STEDEM, MICHAEL D.
STREET ADDRESS 3200 HWY 17 NORTH
CITY-ST-ZIP FT MEADE FL

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

TITLE DVP ☐ Delete
NAME CHAMBERS, THELMA
STREET ADDRESS 330 N. LANIER AVE.
CITY-ST-ZIP FT MEADE FL

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

TITLE DS ☐ Delete
NAME MARCHMAN, DONALD L.
STREET ADDRESS 425 N.E. 2ND ST.
CITY-ST-ZIP FT MEADE FL

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

TITLE DT ☐ Delete
NAME GUNTER C. WAYNE
STREET ADDRESS 400 N. OAK AVE.
CITY-ST-ZIP FT MEADE FL

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90074 003 ****61.50



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)