

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 08:00 AM  
Secretary of State

DOCUMENT # 734257

1. Entity Name

FOUNDATION FOR MEDICAL EDUCATION AND CARE, INC.

Principal Place of Business

Mailing Address

303 N. CLYDE MORRIS BLVD  
ATTN: GENERAL COUNSEL  
DAYTONA BEACH  
32114

FL  
US

303 N. CLYDE MORRIS BLVD  
ATTN: GENERAL COUNSEL  
DAYTONA BEACH  
32114

FL  
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

59-1686802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIDSON DAVID J., ESQ  
303 N. CLYDE MORRIS BLVD.

DAYTONA BEACH  
32114

FL  
US

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.)

02/08/2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	VD	MARRESE, ROXY	201 N. CLYDE MORRIS BLVD, STE 240 DAYTONA BEACH FL	<input type="checkbox"/> Delete
	SD	STONE, MELVIN	303 N. CLYDE MORRIS BLVD DAYTONA BEACH FL	<input type="checkbox"/> Delete
	VD	CARRATT, JAMES A.	1243 S. RIDGEWOOD AVE. DAYTONA BEACH FL	<input type="checkbox"/> Delete
	TD	DOUGLASS, WILLIAM	555 MEMORIAL CR. ORMOND BEACH FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	BRANOFF RICHARD M.D.	303 N. CLYDE MORRIS BLVD. DAYTONA BEACH FL	32114	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	MARRESE ROXY M.D.	201 N. CLYDE MORRIS BLVD, STE 240 DAYTONA BEACH FL	32114	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	HERRERO FRANCISCO M.D.	303 N. CLYDE MORRIS BLVD DAYTONA BEACH FL	32114	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
C/D	CARRATT JAMES A	1243 S. RIDGEWOOD AVE. DAYTONA BEACH FL	32114	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TD	DOUGLASS WILLIAM M.D.	555 MEMORIAL CR. ORMOND BEACH FL	32174	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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.