

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED

Apr 24, 2000 8:00 am  
Secretary of State

03-02-2000 90095 001 \*\*\*\*70.00

DOCUMENT # 758555

1. Entity Name

SOUTHEAST FLORIDA SOCIETY FOR HEALTHCARE MATERIA

Principal Place of Business

Mailing Address

% CORAL SPRINGS MED. CET  
MATERIS SERVICES, 3000 CORAL HILLS DR  
CORAL SPRINGS FL 33065  
US

% CORAL SPRINGS MED. CET  
MATERIS SERVICES, 3000 CORAL HILLS DR  
CORAL SPRINGS FL 33065  
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

NOT APPLICABLE

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

DOLAN, PETER  
% CORAL SPRINGS MED. CET  
MATERIS SERVICES, 3000 CORAL HILLS DR  
CORAL SPRINGS FL 33065

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)