

# 2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # F67309

1. Entity Name  
THE FAMILY PRACTICE CENTER, INC.

FILED

00 JUL 10 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4645 GUN CLUB RD  
WEST PALM BCH FL 33415

Mailing Address  
4645 GUN CLUB RD  
WEST PALM BCH FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2199053

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

LARDIN, THOMAS  
BANK ATLANTIC BLDG., SUITE 100  
1901 W. CYPRESS CREEK  
FT. LAUDERDALE FL 33309

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	P PHILLIPS, JAMES B M.D. 421 W LAKE DASHA DR. PLANTATION, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VI LEVINE, NATHANIEL W 321 JARCARANDA DR. PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003328800 -07/19/00--01105--027 ****300.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00

Date

861-471-1333

Daytime Phone #



## The Family Practice Center

4645 Gun Club Road  
West Palm Beach, Florida 33415  
(561) 471-1333

2062

July 6, 2000

Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

On April 21, 2000 I sent to your office completed UBR forms for Family Practice Center Inc. (F67309) and Famcare Management Co. Inc. (F82702). Along with the signed and completed UBR forms was a check in the amount of \$300 as payment in full and the forms were sent to you in your pre-addressed envelope. Our check did not clear in our May or June statements and I received a second notice from the Department. I spoke with "Stacey" this morning and she informed me that the Department did have problems with the Post Office during that timeframe and that I should sign the second notice forms, stop payment on the original check and reissue a check for the original filing fee. She indicated that second notice penalties would not be assessed under the circumstances.

Please find enclosed our check #05714 in the amount of \$300 for registration of F67309 and F82702.

Thanks you for your help in this matter.

Sincerely,



N.W. Levine  
Vice President

Attachments