

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90317 004 ***158.75

DOCUMENT # F97000000503

1. Entity Name

FLORIDA DOCTORS MANAGED CARE ADVISORS, INC.



Principal Place of Business

1740 H DELL RANGE BLVD

#258

CHEYENNE WY 82009

Mailing Address

P.O. BOX 813997

HOLLYWOOD FL 33081

2. Principal Place of Business

1000 S Pine Island Rd

Suite, Apt. #, etc.

Suite 230

City & State

Plantation, Florida

Zip

33324

Country

3. Mailing Address

1000 S Pine Island Rd

Suite, Apt. #, etc.

Suite 230

City & State

Plantation, Florida

Zip

33324

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

84-1374408

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MADIO, RUSS R

3829 HOLLYWOOD BLVD

SUITE C

HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Russ R Madio

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

1000 S Pine Island Rd

Suite 230

City

Plantation

FL

Zip Code
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Russ R Madio Russ Madio

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE AS ☐ Delete
NAME MADIO, RUSS
STREET ADDRESS 3829 HOLLYWOOD BLVD, C
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE PSTD ☒ Delete
NAME STUCKER, STEVEN F
STREET ADDRESS 108 E JOHN STREET
CITY-ST-ZIP CARSON CITY NV 89701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 607, 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:

Russ R Madio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russ R Madio 1/24/03 9543438300
Date Daytime Phone #

CR2E034 (10/02)