

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001995

1. Entity Name

PAMED MEDICAL SPECIALTIES, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90153 032 ***150.00

Principal Place of Business

8801 SPRINGWOOD COURT
BONITA SPRINGS FL 34135

Mailing Address

PO BOX 2403
BONITA SPRINGS FL 34133-2403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2406268

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

MCGREGOR, PAMELA S
8801 SPRINGWOOD CT.
BONITA SPRINGS FL 34135

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 **D** ☐ Delete
NAME **MCGEGOR, PAMELA S**
STREET ADDRESS **8801 SPRINGWOOD CT.**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **P** ☐ 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
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 ENCLOSED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela S. McGregor 7/13/00 (941)992-9392

Date

Daytime Phone #

PAMed Medical Specialties, Inc.

P.O. Box 2403

Bonita Springs, FL 34133

Phone: 941-992-9392

Fax: 941-498-3522

e-mail: creatplus@cs.com

*Attachment
D# F97000001995
DOV B3378*

July 13, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re: Second Notice of Uniform Business Report
Federal ID # 22-2406268
Document # F97000001995

Dear Sir or Madam:

Since, I never received a first notice of this report, I was totally surprised when I received a second notice for my 2000 Uniform Business Report with a penalty.

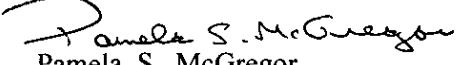
I called your office and was told that you would abate it since I never received the initial notice.

I feel terrible that this is late. Please accept my apology and the \$150.00 correct initial fee.

I'm a small business and have never been late with anything and that penalty would be a hardship.

Thanking you in advance for your consideration.

Sincerely,


Pamela S. McGregor
President

Enclosure

PSM:w