

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004382

1. Entity Name

PREMIER PRACTICE MANAGEMENT, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90090 039 ***550.00

Principal Place of Business

12225 EL CAMINO REAL
SAN DIEGO CA 92130

Mailing Address

12225 EL CAMINO REAL
SAN DIEGO CA 92130

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

33-0707041

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 C
NAME O'LEARY, ROBERT W
STREET ADDRESS 12225 EL CAMINO REAL
CITY-ST-ZIP SAN DIEGO CA ☐ Delete

TITLE D
NAME J ROBERT BUCHANAN, MD
STREET ADDRESS 12225 EL CAMINO REAL
CITY-ST-ZIP SAN DIEGO CA 92130 ☐ Change ☒ Addition

TITLE D
NAME NORLING, RICHARD A
STREET ADDRESS 12225 EL CAMINO REAL
CITY-ST-ZIP SAN DIEGO CA ☐ Delete

TITLE D
NAME LAWRENCE N KUGLEMAN
STREET ADDRESS 12225 EL CAMINO REAL
CITY-ST-ZIP SAN DIEGO CA 92130 ☐ Change ☒ Addition

TITLE P
NAME COMTE, WILLIAM H
STREET ADDRESS 12225 EL CAMINO REAL
CITY-ST-ZIP SAN DIEGO CA ☐ Delete

TITLE D
NAME EDWIN HOWE
STREET ADDRESS 12225 EL CAMINO REAL
CITY-ST-ZIP SAN DIEGO CA 92130 ☐ Change ☒ Addition

TITLE V
NAME BAILEY, BARY G
STREET ADDRESS 12225 EL CAMINO REAL
CITY-ST-ZIP SAN DIEGO CA ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE V
NAME GUTHRIE, MICHAEL B
STREET ADDRESS 12225 EL CAMINO REAL
CITY-ST-ZIP SAN DIEGO CA ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE T
NAME JOHNSON, KENNETH A
STREET ADDRESS 12225 EL CAMINO REAL
CITY-ST-ZIP SAN DIEGO CA ☐ Delete

TITLE ☐ Change ☐ 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

8-1-2000

Date

858-509-6808

Daytime Phone #

CR2E034 (5/00)