

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H80334

1. Entity Name

MEDIPLEX MANAGEMENT OF PORT ST. LUCIE, INC.

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90046 043 ***150.00

Principal Place of Business

101 SUN AVE NE
ALBUQUERQUE NM 87109
US

Mailing Address

101 SUN AVENUE NE
ATTN: LEGAL DEPT.
ALBUQUERQUE NM 87109-4373
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 04-2891815

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	ZAMPINI, ALAN J	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ROBERT D WOLTL	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WARRICK, WILLIAM C.	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MANN, NIKKI J.	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MICHAEL T BERG	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	TV	<input type="checkbox"/> Delete
NAME	PATRICK, MATTHEW G	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P. & Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Botter	
STREET ADDRESS	101 Sun Avenue NE	
CITY-ST-ZIP	ALBUQUERQUE, NM 87109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael T. Berg	
STREET ADDRESS	101 Sun Avenue NE	
CITY-ST-ZIP	ALBUQUERQUE, NM 87109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Michael T. Berg **Michael T. Berg** 1-12-2000 (505)821-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #