6/1

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State
06-12-2000 90032 045 ***150.00

DOCUMENT # K74482

1. Entity Name
Metro Medical Plaza, Inc.

Principal Place of Business: 13691 Metro Parkway South, Ste 100, Ft. Myers, FL 33912
Mailing Address: same

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: Not Applicable ☐ Applied For ☐ Not Applicable

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
Joseph J. Holmes 13691 Metro Pkwy S, Ste 100 Ft. Myers, FL 33912	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph J. Holmes 13691 Metro Pky S, Ste 100 Ft. Myers, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 6-6-00 941-768-3032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doc# K17702

106465

Metro Medical Plaza Associates, Ltd.

Corner of Daniels Road and Metropolitan Parkway

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

June 27, 2000

Dear Sir or Madam,

Metro Medical Plaza Inc. had an office manager leave in the beginning of the year. The original Uniform Business Report was either lost or it was never received. I am asking that you consider waiving the $400.00 late fee in light of this. I have enclosed a previous letter dated June 6, 2000 that requested the form, and a copy of our completed UBR form. Our check for $150.00 has previously been sent to your office.

Thank you for your consideration,

Joseph J Holmes Jr., President
Metro Medical Plaza Inc.

13691 Metropolitan Parkway South • Suite 100 • Ft. Myers, Florida 33912 • (941) 768-5966