

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K88095

1. Entity Name

TALMOR MEDICAL SERVICES, P.A.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90004 046 ***150.00

00023333



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4400 NW 23RD AVE.
SUITE B
GAINESVILLE FL 32606
US

4400 NW 23RD AVE
SUITE B
GAINESVILLE FL 32606-6562
US

2. Principal Place of Business

4421 NW 39th Ave

Suite, Apt. #, etc.

Suite 1, Bldg 2

City & State

Gainesville FL

Zip

32606

Country

USA

3. Mailing Address

4421 NW 39th Ave

Suite, Apt. #, etc.

Suite 1, Bldg 2

City & State

Gainesville FL

Zip

32606

Country

USA

4. FEI Number

64-0647141

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TALMOR, HANOCH M.D.
4400 NW 23RD AVE
SUITE B
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Talmoz, Hanoach M.D.

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

4421 NW 39th Ave

Suite 1, Bldg 2

City

Gainesville

FL

Zip Code

32606

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	D	<input type="checkbox"/> Delete
NAME	TALMOR, HANOCH M.D.	
STREET ADDRESS	4400 NW 23RD AVE, SUITE B	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4421 NW 39th Ave, Suite 1, Bldg 2	
CITY-ST-ZIP		
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		<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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/2000 352-3770005

CR2E034 (9/99)