

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90004 046 ***150.00

DOCUMENT # K88095

1. Entity Name

TALMOR MEDICAL SERVICES, P.A.

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

00023333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4421 NW 39th Ave

4421 NW 39th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1, Bldg 2

Suite 1, Bldg 2

City & State

City & State

Gainesville FL

Gainesville FL

Zip
 32606

Country
 USA

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

7. Name and Address of New Registered Agent

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

Name

Talmor, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALMOR, HANOCH M.D. 4400 NW 23RD AVE, SUITE B GAINESVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4421 NW 39th Ave, Suite 1, Bldg 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Handwritten Signature]

2/14/2000

352-3770025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)