

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K91930

1. Entity Name
TOTAL MEDICAL CARE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90434 034 ***150.00

Principal Place of Business
1111 DOCTOR'S DRIVE
TALLAHASSEE FL 32308
US

Mailing Address
P O BOX 12835
TALLAHASSEE FL 32317-2835
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2962517		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DESLOGE, BRYAN 3057 HAWKS GLEN TALLAHASSEE FL 32312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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. ☐ **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	CFO AMOS, HAYS M 4801 HEATNE DR TALLAHASSEE FL 32308 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bryan Desloge 1111 Doctors Drive Tallahassee, FL 32308 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

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 **(850) 656-8900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)