

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L35187

1. Entity Name

MEDICAL NATIONWIDE ASSOCIATES, CORP.

06-27-2000 90004 047 ***150.00

FILED

00 JUL 24 PM 1:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

150 E PALMETTO PK DR
SUITE 210
BOCA RATON FL 33432
US

Mailing Address

150 E PALMETTO PK RD
SUITE 210
BOCA RATON FL 33432-4832
US

2. Principal Place of Business

188 W. COCONUT PALM RD
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0160881

Applied For

Not Applicable

Zip

Country

33432

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KLUCZKOWSKI, ARNALDO S.
188 COCONUT PALM RD
BOCA RATON FL 33432

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 fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/15/2000

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 DPT
NAME KLUCZKOWSKI, ARNALDO S.
STREET ADDRESS 188 COCONUT PALM RD
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE DVS
NAME KLUCZKOWSKI, JANE
STREET ADDRESS 188 COCONUT PALM RD
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

A. S. KLUCZKOWSKI 6/15/2000 (SR) 3689833

KE

CR2P0.4 (9/99)