

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
 04-18-2000 90180 003 ***158.75

DOCUMENT # L90638

1. Entity Name
J & M MEDICAL CONSULTANTS, INC.

Principal Place of Business Mailing Address
9590 ASHLEY DR **9590 ASHLEY DR**
MIRAMAR FL 33025 **MIRAMAR FL 33025-3811**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0215720 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CALLAHAN, JEFFREY R, ESQUIRE
249 WESTWARD DRIVE
MIAMI SPRINGS FL 33166

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 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	EUART, JEFFREY M.	
STREET ADDRESS	9590 ASHLEY DR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D <input type="checkbox"/> Delete	
NAME	DAMON, MICHAEL C.	
STREET ADDRESS	9590 ASHLEY DR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D <input type="checkbox"/> Delete	
NAME	EUART, JOANNE R	
STREET ADDRESS	9590 ASHLEY DR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D <input type="checkbox"/> Delete	
NAME	DAMON, GERRI	
STREET ADDRESS	9590 ASHLEY DR	
CITY-ST-ZIP	MIRAMAR FL	
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 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		
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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: *Jeffrey M. Euart* President Date: **4-12-00** Daytime Phone #: **954-433-3239**

CR2E034 (9/99)