

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93791

1. Entity Name

FLORIDA MEDICAL GROUP OF COOPER CITY, INC.

Principal Place of Business

5856 FLAMINGO ROAD
COOPER CITY FL 33330

Mailing Address

9690 NW 39TH CT
COOPER CITY FL 33024-8063

2. Principal Place of Business

12323 SW 55th Street

Suite, Apt. #, etc.

Suite 1003

City & State

Cooper City FL

Zip

33330

Country

USA

3. Mailing Address

12323 SW 55th Street

Suite, Apt. #, etc.

Suite 1003

City & State

Cooper City, FL

Zip

33330

Country

USA

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90009 022 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0212292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVID, DOUGLAS W
5856 FLAMINGO ROAD
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

Name

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

12323 SW 55th Street

Suite 1003

City

Cooper City

FL

Zip Code

33330

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

4/27/00

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	P	<input type="checkbox"/> Delete
NAME	DAVID, DOUGLAS W	
STREET ADDRESS	5856 FLAMINGO ROAD	
CITY-ST-ZIP	COOPER CITY 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 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	
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 #

4/27/00

954-688120