

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 12 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005389

1. Entity Name

INNOVATIVE PROVIDER SOLUTIONS OF ORLANDO, LLC

Principal Place of Business

1409 NORTH FT. HARRISON, UNIT A
CLEARWATER FL 33755

Mailing Address

1409 NORTH FT. HARRISON, UNIT A
CLEARWATER FL 33755-2421

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3546114

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBER, MICHAEL R ESQ.
1409 NORTH FT. HARRISON, UNIT A
CLEARWATER FL 33755

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

MR Weber Esq Michael Weber

4/27/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS WEBER, MICHAEL R
CITY- ST- ZIP 1409 NORTH FT. HARRISON, UNIT A
CLEARWATER FL 33755

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME MGR
STREET ADDRESS PAYNE, FREDERICK
CITY- ST- ZIP 3125 POPLARWOOD CT., STE 109
RALEIGH NC 27604

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME MGR
STREET ADDRESS JOHNSON, DAVID
CITY- ST- ZIP P.O. BOX 607811
ORLANDO FL 32860-7811

TITLE NAME
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STREET ADDRESS
CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MR Weber Esq Michael Weber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00

Date

727 441 1880

Daytime Phone #