

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M69397

1. Entity Name

PHYSICIAN ACCOUNTING AND CONSULTING SERVICES, IN

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90012 037 ***150.00

Principal Place of Business

Mailing Address

C/O RUSSELL S. STRATTON
5150 41ST STREET SOUTH
ST. PETERSBURG FL 33711

C/O RUSSELL S. STRATTON
5150 41ST STREET SOUTH
ST. PETERSBURG FL 33711-4716

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

59-2870199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRATTON, RUSSELL S. (Deceased)
5150 41ST STREET SOUTH
ST. PETERSBURG FL 33711

Name CAROL A. Stratton

Street Address (P.O. Box Number is Not Acceptable)
8500 13th STREET NO. UNIT A

City St. Petersburg FL Zip Code 33702

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 Carol A. Stratton Vice President

4/10/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME STRATTON, RUSSELL S.
STREET ADDRESS 5150 41ST STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL ☒ Delete

TITLE Vice President
NAME Carol A. Stratton
STREET ADDRESS 8500 13th ST. NO. #A
CITY-ST-ZIP St. Petersburg FL 33702 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Vice President
NAME Carol A. Stratton
STREET ADDRESS 8500 13th ST. NO. #A
CITY-ST-ZIP St. Petersburg FL 33702 ☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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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: Carol A. Stratton CAROL A. Stratton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1- 727-822-4789

CR2E034 (9/99)