

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M77584

1. Entity Name

PHYSICIANS CONSULTANT AND MANAGEMENT CORPORATION

FILED

Apr 29, 2000 8:00 am  
Secretary of State

04-29-2000 90014 018 \*\*\*150.00

Principal Place of Business

3801 PGA BLVD  
STE 901  
PALM BCH GARDENS FL 33410  
US

Mailing Address

3801 PGA BLVD  
STE 901  
PALM BCH GARDENS FL 33410-2757  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10 Dorrance St.

Suite, Apt. #, etc.

Suite 400

City & State

Providence RI

Zip

02903

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0052962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, DOQUYEN T  
3801 PGA BLVD  
STE 901  
PALM BCH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

LAUREN H. KREAZ  
SPECIAL ASSISTANT SECRETARY

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FALETTA, LOUIS J.	
STREET ADDRESS	3801 PGA BLVD STE 901	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	WALSHON, ROBERT F.	
STREET ADDRESS	3801 PGA BLVD STE 901	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	LEATHERS, FREDERICK R	
STREET ADDRESS	3801 PGA BLVD STE 901	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	LEATHERS, FREDERICK R.	
STREET ADDRESS	3801 PGA BLVD STE 901	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NGUYEN, DOQUYEN T	
STREET ADDRESS	3801 PGA BLVD STE 901	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO/President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael T. Heffernan	
STREET ADDRESS	10 Dorrance St, Suite 400	
CITY-ST-ZIP	Providence RI 02903	
TITLE	CFO/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary S. Gillheeny	
STREET ADDRESS	10 Dorrance St, Suite 400	
CITY-ST-ZIP	Providence RI 02903	
TITLE	VP/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Wardle	
STREET ADDRESS	10 Dorrance St, Suite 400	
CITY-ST-ZIP	Providence RI 02903	
TITLE	VP, Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veronica A. Barrett, Esq.	
STREET ADDRESS	10 Dorrance St, Suite 400	
CITY-ST-ZIP	Providence, RI 02903	
TITLE	Asst. Secty	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doquyen T. Nguyen	
STREET ADDRESS	3801 PGA Blvd., Suite 901	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
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:

Veronica A Barrett

401-831-6755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #