

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 12, 2000 08:00 AM
Secretary of State

DOCUMENT # **N44374**

1. Entity Name

FLORIDA MEDICAL DIRECTORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 1967

P.O. BOX 1967

LUTZ
33548

FL

LUTZ
33548

US

FL

2. Principal Place of Business

200 BUTLER STREET

3. Mailing Address

200 BUTLER STREET

Suite, Apt. #, etc.

SUITE 305

Suite, Apt. #, etc.

SUITE 305

City & State

WEST PALM BEACH

FL

City & State

WEST PALM BEACH

FL

Zip

33407

Country

US

Zip

33407

Country

US

4. FEI Number

59-3079300

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRASER MALCOLM

2191 NINTH AVE N

#100

ST PETESBURG

33713

FL

US

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.)

06/12/2000

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KUTNER MORRIS M
STREET ADDRESS 1049 SUGARTREE DR N
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ Delete
NAME FRASER, MALCOLM
STREET ADDRESS 2191 NINTH AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE PD ☐ Delete
NAME POTOMSKI JOHN
STREET ADDRESS 720 E. NEW HAVEN AVE #8
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME KUTNER MORRIS M
STREET ADDRESS 3058 HIGHLANDS-BY-THE-LAKE WAY, #6
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME POTOMSKI JOHN
STREET ADDRESS 720 E. NEW HAVEN AVE #8
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.