

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004746

1. Entity Name

BRANDON MANAGED CARE NETWORK, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90115 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2323 CURLEW ROAD SUITE 7E  
PALM HARBOR FL 34683

2323 CURLEW ROAD SUITE 7E  
PALM HARBOR FL 34683-6832

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

59-3273542

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

JACOBSON, CHARLES J  
2323 CURLEW ROAD SUITE 7E  
PALM HARBOR FL 34683

Name

Roy L Burgess

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

13601 Bruce B. Sowers Blvd

Suite 311

City

Tampa

FL

Zip Code

33613

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ISHAK, SAL G  
STREET ADDRESS 3405 LITHIA PINECREST RD.  
CITY-ST-ZIP VALRICO FL

TITLE T/S D ☐ Change ☒ Addition  
NAME Kathryn Kepes M.D.  
STREET ADDRESS 717 W. Robertson St  
CITY-ST-ZIP Brandon, FL 33511

TITLE VSD ☒ Delete  
NAME YAELOW, STEPHEN L  
STREET ADDRESS 721 W. ROBERTSON ST. #108  
CITY-ST-ZIP BRANDON FL

TITLE D ☐ Change ☒ Addition  
NAME Gregory Henderson M.D.  
STREET ADDRESS 403 Vonderburg Dr  
CITY-ST-ZIP Brandon, FL 33511

TITLE TD ☐ Delete  
NAME ZUMPARO, ANTONIO  
STREET ADDRESS 500 VONDERBURG DR #101  
CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ Change ☒ Addition  
NAME Stephen S. Parks M.D.  
STREET ADDRESS 272 Apollo Beach Blvd  
CITY-ST-ZIP Apollo Beach, FL 33592

TITLE D ☒ Delete  
NAME RIEMER, IRA  
STREET ADDRESS 619 EICHENFELD DRIVE  
CITY-ST-ZIP BRANDON FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)