

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018817

1. Entity Name
SUNDIAL HEALTH CARE, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90114 011 ***150.00

Principal Place of Business
1655 EAST SEMORAN BLVD., SUITE 40
APOPKA FL 32703

Mailing Address
1655 EAST SEMORAN BLVD., SUITE 40
APOPKA FL 32703

C0048090



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 W GORE STREET

Suite, Apt. #, etc.
SUITE 202

City & State
ORLANDO, FL

Zip
32806

Country

3. Mailing Address
100 W GORE STREET

Suite, Apt. #, etc.
SUITE 202

City & State
ORLANDO, FL

Zip
32806

Country

4. FEI Number
59-3626137

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

AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI FL 33131

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)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)