

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

DOCUMENT # P00000023045

1. Entity Name

FLORIDA MEDICAL CLAIMS SERVICE, INC.

05-17-2001 91016 001 ****75.00

05-17-2001 91016 002 ****75.00

Principal Place of Business

**1809 PRINCETON LAKES DR., #404
 BRANDON FL 33511**

Mailing Address

**1809 PRINCETON LAKES DR., #404
 BRANDON FL 33511**

71823

2. Principal Place of Business

5932A LYNN LAKE DRIVE SOUTH

3. Mailing Address

SOME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURGH, FL

City & State

4. FEI Number

65-1027740

☒ Applied For

☐ Not Applicable

Zip

33712

COUNTRY PINELLAS

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHN, FRED
 1809 PRINCETON LAKES DR., #404
 BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name

LARRY WITT

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

5932A LYNN LAKE DRIVE SOUTH

City

ST PETERSBURGH

FL

Zip Code

33712

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

FRED JOHN

4/23/01

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

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	JOHN, FRED	
STREET ADDRESS	1809 PRINCETON LAKES DR., #404	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SLOAN, GARY	
STREET ADDRESS	3001 S. OCEAN DR., #12L	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TSOTPOULOS, IRENE	
STREET ADDRESS	1161 44TH AVENUE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY E. WITT	
STREET ADDRESS	5932 A LYNN LAKE DRIVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURGH, FL 33712	
TITLE	CAROL L. WITT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE-PRESIDENT	
STREET ADDRESS	5932 LYNN LAKE DR SO	
CITY-ST-ZIP	ST PETERSBURG, FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

Daytime Phone #

CR2E034 (10/00)