

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90159 006 ***150.00

DOCUMENT # P00000043255

1. Entity Name
SUNCARE MEDICAL, INC.



Principal Place of Business

**1130 FAIRWAY DR
DUNEDIN FL 34698**

Mailing Address

**1130 FAIRWAY DR
DUNEDIN FL 34698**

2. Principal Place of Business

28410 US Hwy. 19 N.

3. Mailing Address

28410 US Hwy. 19 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL.

City & State

CLEARWATER, FL.

Zip

33761

Country

Zip

33761

Country

4. FEI Number

59-3678216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIMMONS, STEPHEN J
321 SE 15TH AVE
FT LAUDERDALE FL 33301**

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 **Stephen J. Simmons**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/5/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	ALLEGRI, MICHAEL	Change
STREET ADDRESS	11730 LIPSEY RD	
CITY-ST-ZIP	TAMP FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSEN, GREG	Change
STREET ADDRESS	1130 FAIRWAY DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY AND TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCKESE, JAMIE	
STREET ADDRESS	2471 W. SUNRISE ST.	
CITY-ST-ZIP	LECANTO, FL. 34461	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEGRI, MICHAEL	
STREET ADDRESS	11730 LIPSEY RD.	
CITY-ST-ZIP	TAMPA, FL. 33618	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, GREG	
STREET ADDRESS	28410 US Hwy. 19 N	
CITY-ST-ZIP	CLEARWATER, FL. 33761	
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:

GREG ANDERSEN PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/01

Date

727-409-3537

Daytime Phone #

CR2E034 (5/01)

Attachment Doc# P000000043255

A0085495

9-5-01

Florida Department of State
Division of Corporations
Uniform Business Report Filings

Regarding: Suncare Medical Uniform Business Report 2001

To Whom It May Concern:

I spoke with a representative from your office, and she suggested I send this letter of explanation and initial payment for the 2001 uniform business report for Suncare Medical Inc.. I apologize for not filing a change of address form. The initial notice and second notice were sent to the Suncare Medical Inc. old address. The mail was not forwarded properly to the new location. Please call me at anytime, (727)409-3537, if this explanation is not sufficient.

Thank you very much,



Greg Andersen