

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**  
 03-01-2001 91320 009 \*\*\*150.00

**DOCUMENT # P00000054994**

1. Entity Name  
**MILLENNIUM MEDICAL RECORDS CONSULTANTS, INC.**

Principal Place of Business Mailing Address  
**10836 NW 34TH COURT 10836 NW 34TH COURT**  
**CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065**

2. Principal Place of Business 3. Mailing Address  
**11570 Wiles Rd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Coral Springs**  
 Zip Country Zip Country  
**33065 BR**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1076804** 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**

**POTERE, LINDA K**  
**10836 NW 34TH COURT**  
**CORAL SPRINGS FL 33065**

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 **Linda K Potere** DATE **2/1/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>D POTERE, LINDA K 10836 NW 34TH COURT CORAL SPRINGS FL 33065</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Linda K Potere** DATE **2/1/2001** **654) 755-1519**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)