

2001
UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91179 048 ***150.00

A0071687

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000069924
1. Entity Name
THE CENTER FOR MEDICAL EDUCATION AND RESEARCH, INC.

Principal Place of Business **Mailing Address**
501 W. BAY ST., SUITE 301 **501 W. BAY ST., SUITE 301**
TAMPA FL 33606 **TAMPA FL 33606**

2. Principal Place of Business **3. Mailing Address**
511 W. BAY ST. **511 W. BAY ST.**
SUITE 301 **SUITE 301**
TAMPA FL **TAMPA FL**

Zip **Country** **Zip** **Country**
33606 **USA** **33606** **USA**

6. Name and Address of Current Registered Agent
CASEY, DANIEL J.
501 WEST BAY STREET, SUITE 301
TAMPA FL 33606

7. Name and Address of New Registered Agent
Name
BRUCE R. ZWIEBEL
Street Address (P.O. Box Number is Not Acceptable)
511 W. BAY ST., SUITE 301
City **FL** **Zip Code**
TAMPA **33624**

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]* **DATE** **4/30/01**
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, 2000 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	P/D	<input type="checkbox"/> Delete
NAME	EVANS, AVERY J.	
STREET ADDRESS	501 W. BAY ST., SUITE 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	ZWIEBEL, BRUCE R.	
STREET ADDRESS	501 W. BAY ST., SUITE 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	CATES, JAMES D.	
STREET ADDRESS	501 W. BAY ST., SUITE 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	CASEY, DANIEL J	
STREET ADDRESS	501 W. BAY ST., SUITE 301	
CITY-ST-ZIP	TAMPA FL 33606	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	511 W. BAY ST., SUITE 301	
STREET ADDRESS	TAMPA FL 33606	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	511 W. BAY ST., SUITE 301	
STREET ADDRESS	TAMPA FL 33606	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	511 W. BAY ST., SUITE 301	
STREET ADDRESS	TAMPA FL 33606	
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]* **DATE** **4/30/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)