

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092924

1. Entity Name

CONCERNED CARE, P.A.

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

07-18-2001 90012 017 ***550.00

Principal Place of Business

Mailing Address

7721 HOLIDAY DRIVE
 SARASOTA FL 34231

7721 HOLIDAY DRIVE
 SARASOTA FL 34231

00058984



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1045726

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DUDENHOEFFER, THOMAS K
 7721 HOLIDAY DRIVE
 SARASOTA FL 34231

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 ☐ Delete
 NAME D
 STREET ADDRESS DUDENHOEFFER, THOMAS K
 CITY-ST-ZIP 7721 HOLIDAY DRIVE
 SARASOTA FL 34231

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *Thomas K Dudenhoeffler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/01

0408481

CR2E034 (10/00)

ATTACHMENT

JACK P. FITTER, CPA
A PROFESSIONAL CORPORATION
INSTRUCTIONS FOR FILING ATTACHED TAX RETURN

PO00000092924
D00058984

Taxpayer Concerned Care
Return Due On
Or Before 5-1-01

Tax Year 2001
Tax Form 4BR

Original Return To Be Signed
And Dated By:

- ☒ Officer of Corporation
() Husband and Wife () You
() Any Partner () Any Trustee
()
() Before Notary Public
() No Tax

Amount Of Tax Due:

- () \$ _____ Payable with a
Federal Tax Deposit Coupon
☒ \$ 50.00 Payable in full
with enclosed return

Overpayment Will Be:

- () \$ _____ Refunded to you
() \$ _____ Credited to next
year's estimated tax

Make Check Payable to:

- () The Federal Reserve Bank
which handles your banking
services
() Internal Revenue Service
() MO Director of Revenue
() Missouri Division of
Employment Security
() Collector of Revenue
() Secretary of State

*Place Your Federal Id # or
Social Security #, Form # and
Tax Period on Check

Mail Original Return
And Check To:

- ☒ ~~REVENUE~~ DEPARTMENT OF STATE
() Internal Revenue Service Ctr
Kansas City, MO 64999
() Missouri Dept. of Revenue
P.O. Box _____
Jefferson City, MO 651 _____
() Collector of Revenue
410 City Hall
St. Louis, MO 63103
() Div. of Employment Security
P.O. Box _____
Jefferson City, MO 65102

☒ Envelope enclosed

Penalties accrue if returns are not filed by the date noted above.
We suggest that you do not wait until the last day. File Client
Copy with your permanent record.

Date you mailed Return _____

Mailed by _____