

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90284 032 ***158.75

DOCUMENT # P00000100936

1. Entity Name
FLORIDA HEALTHCARE PROFESSIONALS (F.H.C.P.), INC



Principal Place of Business

350 MARY STREET, STE. H
PUNTA GORDA FL 33950

Mailing Address

350 MARY STREET, STE. H
PUNTA GORDA FL 33950

1107 W Marion Avenue 116 1107 W Marion Ave 116
Punta Gorda FL 33950 Punta Gorda, FL 33950

2. Principal Place of Business

1107 W Marion Ave

3. Mailing Address

1107 W Marion Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

116

116

City & State

City & State

Punta Gorda FL

Punta Gorda FL

Zip

33950

Country

Charlotte

Zip

33950

Country

Charlotte

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0996531

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

LINDENBERGER, THERESA A

350 MARY STREET, STE. H 1107 W Marion Ave 116
PUNTA GORDA FL 33950

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Theresa Lindenberg*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LINDENBERGER, THERESA A
STREET ADDRESS 350 MARY STREET, STE. H
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1107 W Marion Suite 116
CITY-ST-ZIP Punta Gorda FL 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Theresa Lindenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/03

CR2E034 (10/02)