

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90007 035 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000109505**

1. Entity Name

PRACTICE DATA SERVICES, INC.

Principal Place of Business

Mailing Address

**14203 SW 155 TERRACE
MIAMI, FL 33177**

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1003074

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**RONNIE R. SMITH
14203 SW 155 TERRACE
MIAMI, FL 33177**

SAME

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]

(NOTE: Registered Agent Signature required when re-stating)

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

PD
RONNIE R. SMITH
14203 SW 155 TERRACE
MIAMI, FL 33177

☐ Delete

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☐ Delete

RONNIE R. SMITH
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MIAMI, FL 33177

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

RONNIE R. SMITH
14203 SW 155 TERRACE
MIAMI, FL 33177

☐ Change

☐ Addition

RONNIE R. SMITH
14203 SW 155 TERRACE
MIAMI, FL 33177

☐ Change

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☐ Change

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RONNIE R. SMITH
14203 SW 155 TERRACE
MIAMI, FL 33177

☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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 secretary 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]

SIGNATURE AND STAMP OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DATE

EXEMPTION PHASE 4

CR2E034 (11/00)

Attachment

14203 SW 155 TERRACE
MIAMI, FL 33177

P00006109605

Billable

PRACTICE DATA SERVICES,
INC.

713400

June 19, 2001

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: Practice Data Services, Inc.
EIN # 65-1063674

Dear Sir or Madam:

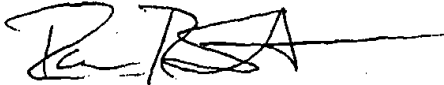
Please be advised that the above-mentioned corporation's annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$150.00.

Please advise.

Your cooperation is appreciated.

Sincerely,



Ronnie Smith

RS/r

