

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111512

1. Entity Name

FOCAL HEALTH CARE HOLDINGS, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91150 041 ***150.00

Principal Place of Business

Mailing Address

1226 TECH BOULEVARD
TAMPA FL 33619

1226 TECH BOULEVARD
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

P.O. BOX 172117

P.O. BOX 172117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3687037

Applied For

Not Applicable

Zip

Country

33672

Zip

Country

33672

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

CAREY, MICHAEL R
712 SOUTH OREGON AVENUE
TAMPA FL 33606

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 D ☐ Delete
NAME STANTON, JOHN
STREET ADDRESS 1226 TECH BOULEVARD
CITY-ST-ZIP TAMPA FL 33619

TITLE PRESIDENT, DIRECTOR ☒ Change ☒ Addition
NAME STANTON, JOHN
STREET ADDRESS P.O. BOX 172117
CITY-ST-ZIP TAMPA, FL 33672

TITLE D ☒ Delete
NAME KLACE, TIM J
STREET ADDRESS 1226 TECH BOULEVARD
CITY-ST-ZIP TAMPA FL 33619

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY, DIRECTOR ☐ Change ☒ Addition
NAME DOULGERIS, JAMES
STREET ADDRESS P.O. BOX 172117
CITY-ST-ZIP TAMPA, FL 33672

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES DOULGERIS

Date

Daytime Phone #

4-25-01 8132581235

CR2E034 (10/00)