

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000028165

1. Entity Name

UNIVERSITY MEDICAL AND FORENSIC CONSULTANTS, INC

Principal Place of Business

13615 SOUTH DIXIE HIGHWAY
#114-B1806
MIAMI FL 33176

Mailing Address

13615 SOUTH DIXIE HIGHWAY
#114-B1806
MIAMI FL 33176-7254

2. Principal Place of Business

3101 SW 34TH AVE

3. Mailing Address

3101 SW 34TH AVE

Suite, Apt. #, etc.

#905

Suite, Apt. #, etc.

#905

City & State

Ocala FL

City & State

Ocala FL

Zip

34474

Country

USA

Zip

34474

Country

USA

6. Name and Address of Current Registered Agent

ROSE, STEFAN MD
13615 SOUTH DIXIE HIGHWAY
#114-B
MIAMI FL 33176

7. Name and Address of New Registered Agent

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, 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 ☐ Delete
NAME ROSE, STEFAN MD
STREET ADDRESS 13615 SOUTH DIXIE HIGHWAY #114-B
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME STEFAN ROSE, M.D.
STREET ADDRESS 3101 SW 34TH AVE
CITY-ST-ZIP #905 Ocala FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 34474
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90016 015 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0412912 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (9/99)