

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034559

1. Entity Name

R.M.C., D.M.D., P.A.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90226 026 \*\*\*150.00

Principal Place of Business

~~5012-310 BLVD. E.  
STE. 3  
BRADENTON FL 34203  
US~~

Mailing Address

~~5012-301 BLVD. E.  
STE. 3  
BRADENTON FL 34203  
US~~

00050925



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

218 53<sup>rd</sup> AVE. W.

Suite, Apt. #, etc.

BRADENTON, FLORIDA

City & State

Zip Country  
34207 USA

3. Mailing Address

218 53<sup>rd</sup> AVE. W.

Suite, Apt. #, etc.

BRADENTON, FL.

City & State

Zip Country  
34207 USA

4. FEI Number 65-0410622

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

CARTER, RANDALL M  
5012-301 BLVD E  
SUITE THREE  
BRADENTON FL 34203

218 53<sup>rd</sup> AVE W.  
BRADENTON, FL. 34207

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

*Randall M. Carter* RANDALL M. CARTER D.M.D. PRES.

4/30/01

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST CARTER, RANDALL M 5012-301 BLVD E SUITE 3 BRADENTON FL 34203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS ONLY 218 53 <sup>rd</sup> AVE. W. BRADENTON, FL. 34207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

*Randall M. Carter* RANDALL M. CARTER D.M.D. PRES. 4/30/01 941-739-2088

CR2E034 (10/00)