

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000044711**

1. Entity Name

INSTITUTE OF MEDICAL LAW, INC.**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90139 036 ***150.00

Principal Place of Business

2664 WHITE CEDAR LANE
NAPLES FL 34109
US

Mailing Address

2664 WHITE CEDAR LANE
NAPLES FL 34109-0622
US

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

65-0429341Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****ERICKSON, WILLIAM**
500 5TH AVENUE SOUTH
SUITE 524
NAPLES FL 34102**7. Name and Address of New Registered Agent**

Name

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

1250 9th St. No.

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **RICHMOND, PATRICIA**
STREET ADDRESS **2664 WHITE CEDAR LANE**
CITY-ST-ZIP **NAPLES FL**TITLE **D** ☐ Delete
NAME **ROSSI, SANDRA**
STREET ADDRESS **274 BEACHVIEW AVE. #20**
CITY-ST-ZIP **PACIFICA CA**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP13. 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. **PATRICIA A. RICHMOND****SIGNATURE:****Patricia A. Richmond, V.P.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/18/00**
Date**941-591-1715**
Daytime Phone #