

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001245

1. Entity Name

MEDICAL PRACTICE MANAGEMENT ASSOCIATES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90126 041 ***150.00

Principal Place of Business

Mailing Address

1429 LAKELAND HILLS BLVD
LAKELAND FL 33805
US

1429 LAKELAND HILLS BLVD
LAKELAND FL 33805-3206
US

2. Principal Place of Business

1718 WEST LAKE PARKER DR.

3. Mailing Address

1718 WEST LAKE PARKER DR.
P.O. BOX 373

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-3216927

Applied For

Not Applicable

Zip

33805

Country

USA

Zip

33805

Country

USA

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

VENNUM, KEITH B M.D.
1429 LAKELAND HILLS BOULEVARD
LAKELAND FL 33805

Name

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

1718 WEST LAKE PARKER DRIVE

City

LAKELAND

FL

Zip Code

33805

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 Keith B. Venum KEITH B. VENNUM PRESIDENT 01-05-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS VENNUM, KEITH B
CITY-ST-ZIP 1429 LAKELAND HILLS BLVD
LAKELAND FL 33801

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1718 WEST LAKE PARKER DR.
CITY-ST-ZIP LAKELAND, FL 33805

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Keith B. Venum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-00 863-297-4034
Date Daytime Phone #

CR2E034 (9/99)