## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 21, 2000 8:00 am Secretary of State DOCUMENT # P94000012342 1. Entity Name FLORIDA MUSCULAR HEALTH CENTER, INC. 07-21-2000 90160 017 \*\*\*150.00 Principal Place of Business Mailing Address 2205 52ND ST SOUTH 2205 52ND ST SOUTH **GULFPORT FL 33707 GULFPORT FL 33707 70000--**2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4.-FEI.Number Applied For 59-3221541 ------Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILKINSON, TONDA L. Street Address (P.O. Box Number is Not Acceptable) 2205 52ND ST SOUTH **GULFPORT FL 33707** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVPT** Addition TITLE ☐ Delete TITI F Change WILKINSON, TONDA NAME STREET ADDRESS 2205 52ND ST SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **GULFPORT FL 33707** ☐ Addition ☐ Delete TITLE ☐ Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITI E NAME STREET ADDRESS STREET ADDRESS

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 a captress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE STANDARD

CITY-ST-ZIP

07/05/00 121-321-4254

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A0069224

## FLORIDA MUSCULAR HEALTH CENTER, INC. 2205 52nd Street South Gulfport, Florida 33707 Ph 727-327-4254 Fax 727-327-7300

July 5, 2000

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: LATE FILING OF UBR

To Whom It May Concern;

I phoned your office and spoke with a representative by the name of Shaun. After explaining to Shaun that my business location changed from north county to south county, and as a result I did not receive my UBR, he stated that I should put in writing what occurred, and submit the "2nd Notice" Application UBR, that I requested, and just received, with the filing fee of \$150.00.

Enclosed please find my application, and a check in the amount of \$150.00. Thank you for your time in this matter.

Sincerely,

Tonda L. Wilkinson, President

Florida Muscular Health Center, Inc.

cc: corporate file