

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021725

1. Entity Name
PCS-ORLANDO, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90074 035 ***150.00

Principal Place of Business
3885 OAKWATER CIRCLE
ORLANDO FL 32806
US

Mailing Address
3885 OAKWATER CIRCLE
ORLANDO FL 32806
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4711 Curry Ford Road

3. Mailing Address
4711 Curry Ford Road

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.
Suite B

City & State
Orlando, FL

City & State
Orlando, FL

Zip Country
32812 USA

Zip Country
32812 USA

4. FEI Number 59-3231639

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLT, SHAMUS M
3885 OAKWATER CIRCLE
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name
Gerald J. Kivett, M.D.

Street Address (P.O. Box Number is Not Acceptable)
4711 Curry Ford Road, Suite B

Orlando

City Orlando

FL

Zip Code 32812

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 *Gerald J. Kivett, M.D.*

Gerald J. Kivett, M.D.

4/25/2001

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

TITLE TD
NAME CAPPELMAN, JOHN
STREET ADDRESS 3885 OAKWATER CR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE VPD
NAME BICKERTON, JOHN
STREET ADDRESS 3885 OAKWATER CR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE PD
NAME KIVETT, GERALD
STREET ADDRESS 3885 OAKWATER CR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ATD
NAME WILKER, JOHN
STREET ADDRESS 3885 OAKWATER CR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TD ☒ Change ☐ Addition
NAME Cappelman, John
STREET ADDRESS 10000 W. Colonial Drive, Suite 1403
CITY-ST-ZIP Ocoee, FL 34761

TITLE VPD ☒ Change ☐ Addition
NAME Bickerton, John
STREET ADDRESS 3100 S. Conway Road
CITY-ST-ZIP Orlando, FL 32812

TITLE PD ☒ Change ☐ Addition
NAME Kivett, Gerald J.
STREET ADDRESS 4711 Curry Ford Road, Suite B
CITY-ST-ZIP Orlando, FL 32812

TITLE ATD ☒ Change ☐ Addition
NAME Wilker, John
STREET ADDRESS 3100 17th Street
CITY-ST-ZIP St. Cloud, FL 34769

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

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

Gerald J. Kivett, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

Gerald J. Kivett, M.D. 4/25/2001

Date

Daytime Phone #

1407
277-2219

CR2E034 (10/00)