

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94 0000 40339 ✓

1. Entity Name

NATIONAL MEDICAL CREDIT BUREAU, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90051 010 ***150.00

Principal Place of Business

Mailing Address

1120 HOLLAND DRIVE
SUITE 13
BOCA RATON, FL 33487

2900 N. A 1A,
APT. 8B
FT. PIERCE, FL 34949

2. Principal Place of Business

3. Mailing Address

1120 HOLLAND DRIVE
Suite, Apt. #, etc.
SUITE 13F
City & State
BOCA RATON, FL

2900 N. A 1A
Suite, Apt. #, etc.
APT. 8B
City & State
FT. PIERCE, FL

DO NOT WRITE IN THIS SPACE

Zip Country
33487 U.S.A.

Zip Country
34949 U.S.A.

4. FEI Number
65-0502167
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

Name

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

City

FL

Zip Code

DAN P. MCCAFFERY
2900 N. A 1A, #8B
FT. PIERCE, FL. 34949

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

D. MCCAFFERY, President 4/18/00

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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 #

D. MCCAFFERY, President, 4/18/00