

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066925

1. Entity Name

DIABETIC CARE SERVICE OF FT. MYERS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90076 046 ***150.00

Principal Place of Business

7605 HWY 80 W
ALVA FL 33920
US

Mailing Address

P O BOX 551
ALVA FL 33920-0551
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 65-0519664

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

TANENBAUM, ROGER
7605 HIGHWAY 80 W, BOX 551
ALVA FL 33920

Name TANENBAUM, YVONNE
Street Address (P.O. Box Number is Not Acceptable)
7605 Hwy 80 W, Box 551
City ALVA FL Zip Code 33920

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 Yvonne Tanenbaum YVONNE TANENBAUM-DIRECTOR 4-20-00
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 D ☐ Delete
NAME TANENBAUM, ROGER
STREET ADDRESS 7605 HWY 80 N / P O BOX 551
CITY-ST-ZIP ALVA FL

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

TITLE D ☐ Delete
NAME TANENBAUM, YVONNE
STREET ADDRESS 7605 HWY 80 W / P O BOX 551
CITY-ST-ZIP ALVA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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: Yvonne Tanenbaum YVONNE TANENBAUM-DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00
Date

941-728-3701
Daytime Phone #

CR2E034 (9/99)