

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.# P94000069821

1. Entity Name
PROFESSIONAL HEALTH SERVICES OF CENTRAL
FLORIDA, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90227 047 ***158.75

Principal Place of Business Mailing Address
32700 US Highway 19 N. 32700 US Highway 19 N.
Palm Harbor, FL 34684 Palm Harbor, FL 34684

2. Principal Place of Business 32700 US Highway 19 N.
Suite, Apt. #, etc.

3. Mailing Address 32700 US Highway 19 N.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Palm Harbor, FL	City & State Palm Harbor, FL	4. FEI Number 59-3297979	Applied For Not Applicable
Zip 34684	Country USA	Zip 34684	Country USA
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Corporation Information Services, Inc. 1201 Hays Street Tallahassee, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	PDS Margulies, Regina M. 854 Cypress Lakeview Ct. Tarpon Springs, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Regina Margulies* *4/20/2000 727-781-9885*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)