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# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL -3 PM 1:07

DOCUMENT # P94000079440

1. Entity Name
HEALTHCARE AMERICA MEDICAL GROUP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3501 CORTEZ RD W<br>BRADENTON FL 34210<br>US | 3501 CORTEZ RD W<br>BRADENTON FL 34210<br>US |

DO NOT WRITE IN THIS SPACE
05-01-01 90055 005 $150.00

| 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 65-0527738 ☐ 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 |
|---|---|
| MUCASEY, JOHN MD<br>3501 CORTEZ RD W<br>BRADENTON FL 34210 | Name: David A. Wood, MD - Jeff Nelson, MD<br>Street Address (P.O. Box Number is Not Acceptable): 3105 Cortez Road<br>City: Bradenton FL Zip Code: 34210 |

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 _____ 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>AMUNDSON, MARTIN M.D.<br>3501 CORTEZ RD W<br>BRADENTON FL 34210 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>HOFFMAN, CRAIG M.D.<br>3501 CORTEZ RD W<br>BRADENTON FL 34210 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MARCIALES, WERTHER MD<br>3501 CORTEZ RD W<br>BRADENTON FL 34210 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MUCASEY, JOHN MD<br>3501 CORTEZ RD W<br>BRADENTON FL 34210 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: David A. Wood, MD<br>3105 Cortez Road<br>Bradenton, FL 34210 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (10/00)

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: _____ 4/28/2001 941-752-2700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CHAPTER 607 TO SIGN THIS REPORT — DATE — Daytime Phone Number
David A. Wood, MD, Member - Jeff Nelson, MD