

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082172

1. Entity Name

PHYSICIANS SERVICES OF SOUTH FLORIDA, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90017 043 ***150.00

Principal Place of Business

Mailing Address

9131 SW 150 AVE
MIAMI FL 33196
US

9131 SW 150TH AVE.
MIAMI FL 33196-1353

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

65-0537443

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

CHILDERS, ALAN L
9131 SW 150TH AVE.
MIAMI FL 33196

Name

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

City

FL

Zip Code

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

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	DP	<input type="checkbox"/> Delete
NAME	CHILDERS, ALAN L	
STREET ADDRESS	9131 SW 150TH AVE.	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WAGNER, CHRISTOPHER G	
STREET ADDRESS	23427 ABERDEEN AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CURRAN, SYLVIA M	
STREET ADDRESS	11434-2 SW 132ND PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
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
NAME		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mildred Childers	
STREET ADDRESS	13520 Martha Ave.	
CITY-ST-ZIP	Port Charlotte, FL 33981	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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
NAME		
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:

Signature of Alan L. Childers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-00 3053833976

CR2E034 (9/99)