

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90281 017 ***150.00

DOCUMENT # P94000093796

1. Entity Name
PROMEDCO OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

**400 8TH ST N
 NAPLES FL 34102**

Mailing Address

**801 CHERRY ST.
 SUITE 1450
 FORT WORTH TX 76102
 US**

2. Principal Place of Business **1200**

801 Cherry St. Summit Ave

Suite, Apt. #, etc.

Suite 3200 #502

City & State

Ft. Worth TX

Zip

76102

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

Suite 3200

City & State

Zip

76102

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **75-2701686**

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

**CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE FL 32301**

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, 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	PD POSEY, H. WAYNE 801 CHERRY STREET, SUITE 1450 3200 FORT WORTH TX 76102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDWARDS, DALE K 801 CHERRY STREET, SUITE 1450 3200 FORT WORTH TX 76102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JOHNSON, DEBORAH A. 801 CHERRY ST STE 1450 3200 FORT WORTH TX 76102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SMITH, ROBERT D 801 CHERRY STREET, SUITE 1450 3200 FORT WORTH TX 76102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MC QUEARY, CHARLES 801 CHERRY STREET, SUITE 1450 3200 FORT WORTH TX 76102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT HALL, TOM 801 CHERRY STREET, SUITE 1450 3200 FORT WORTH TX 76102	<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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President McQueary, Charles 1200 Summit Ave. #502 Ft Worth, Tx 76102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Hall, Thomas W 1200 Summit Ave #502 Ft Worth TX 76102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Thomas W Hall**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W Hall
Robert D Smith

Date **4/15/01** (817) 335-5035
 Daytime Phone #

CR2E034 (10/00)