

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067761

1. Entity Name

MEDICAL PERSPECTIVES CORP.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90131 028 ***150.00

Principal Place of Business

5706 NTH WEST 48TH CT.
 CORAL SPRINGBS FL 33067

Mailing Address

375 MIDDLESEX TRKE
 OLD SAYBROOK CT 34104-3381

2. Principal Place of Business

3584 MERCANTILE AVE

3. Mailing Address

3584 MERCANTILE AVE

Suite, Apt. #, etc.

BAY-A

Suite, Apt. #, etc.

BAY-A

City & State

NAPLES FL.

City & State

NAPLES FL.

Zip

34104-3381

Country

Zip

34104-3381

Country

4. FEI Number

65-0604420

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

Name

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

City

FL

Zip Code

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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 D
 NAME CARICATO, ROBERT J
 STREET ADDRESS 5706 NTH WEST 48TH COURT
 CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Delete

TITLE
 NAME CARICATO, ROBERT J. ☒ Change ☐ Addition
 STREET ADDRESS 5303 BERKELEY DR.
 CITY-ST-ZIP NAPLES, FL. 34112-5472

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 941-434-9007
 Date Daytime Phone #

CR2E034 (9/99)