

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096057

1. Entity Name

WORLD TRIUMPH MEDICAL OF THE WEST COAST, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90075 033 ***150.00

Principal Place of Business

Mailing Address

~~3610 EVANS STREET~~
~~FT MYERS FL 33901~~
~~US~~

4301 32ND STREET WEST
SUITE C-6
BRADENTON FL 34205-2748
US

2. Principal Place of Business

2850 Ringling Blvd.

3. Mailing Address

4722 S.W. 74 Ave

Suite, Apt. #, etc.

Sarasota

Suite, Apt. #, etc.

City & State

FL

City & State

Miami, FL

Zip

34237

Country

US

Zip

33155

Country

US

4. FEI Number

65-0629915

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

CABLISH, HOMER G JR.
4301 32ND STREET WEST
BRADENTON FL 34205

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 D ☒ Delete
NAME WILLIAMS, TODD J
STREET ADDRESS 5011 21ST AVENUE WEST
CITY-ST-ZIP BRADENTON FL 34209

TITLE ~~D/TREASURER~~ ☐ Change ☒ Addition
NAME Row Williams
STREET ADDRESS 4301 32nd St. W.
CITY-ST-ZIP Suite C-6, Bradenton, FL

TITLE D ☐ Delete
NAME WILLIAMS, TROY V
STREET ADDRESS 1008 44TH STREET WEST
CITY-ST-ZIP BRADENTON FL 34209

TITLE D/TREASURER ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FAMADAS, NELSON
STREET ADDRESS 9805 NW 52ND STREET, APT. 404
CITY-ST-ZIP MIAMI FL 33178

TITLE President ☒ Change ☐ Addition
NAME FAMADAS, Nelson
STREET ADDRESS 4722 SW 74 Ave
CITY-ST-ZIP MIAMI FL 33155

TITLE D ☐ Delete
NAME DEARMAS, ROGER
STREET ADDRESS 10378 NW 46TH TERRACE
CITY-ST-ZIP MIAMI FL 33178

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 19.07(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

Date

Daytime Phone #

CR2E034 (9/99)