

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015173

1. Entity Name

MEDICAL RECEIVABLES OF S.W. FLA., INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90022 025 \*\*\*150.00

Principal Place of Business

206 SE 13TH AVE  
CAPE CORAL FL 33990  
US

Mailing Address

206 SE 13TH AVE  
CAPE CORAL FL 33990-5712  
US

2. Principal Place of Business

3844 HIDDEN ACRES CIRCLE

3. Mailing Address

3844 HIDDEN ACRES CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH FT. MYERS FL.

City & State

NORTH FT. MYERS FLORIDA

Zip  
33903

Country  
LEE

Zip  
33903

Country  
LEE

4. FEI Number

65-0645554

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

MANCUSO, JOHN  
206 SE 13TH AVENUE  
CAPE CORAL FL 33990

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

TITLE ☐ Delete

D  
MANCUSO, JOHN  
206 SE 13TH AVENUE  
CAPE CORAL FL 33990

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

JOHN MANCUSO, JOHN MANCUSO

3/1/00

941-542-7246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)