

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042818

1. Entity Name

P & C MEDICAL SERVICES CORP.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90061 033 ***158.75

Principal Place of Business

13026 LA MIRADA CIRCLE
WELLINGTON FL 33414

Mailing Address

13026 LA MIRADA CIRCLE
WELLINGTON FL 33414-3964

2. Principal Place of Business

(Address change only)
7541 S.E. Marsh Fern Ln
Suite, Apt. #, etc.

3. Mailing Address

7541 S.E. Marsh Fern Ln
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hobe Sound, FL

Zip

33455

Country

Martin

City & State

Hobe Sound, FL

Zip

33455

Country

Martin

4. FEI Number

65-0675675

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZACCARO, PATRICK
13026 LA MIRADA CIRCLE
WELLINGTON FL 33414

*New Address
(See Above)*

7. Name and Address of New Registered Agent

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

Pat Zaccaro V.P.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/11/00

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
NAME D
STREET ADDRESS ZACCARO, PATRICK
CITY-ST-ZIP 13026 LA MIRADA CIRCLE
WELLINGTON FL 33414

TITLE ☐ Delete
NAME D
STREET ADDRESS ZACCARO, CARMEN
CITY-ST-ZIP 13026 LA MIRADA CIRCLE
WELLINGTON FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7541 S.E. Marsh Fern Lane
CITY-ST-ZIP Hobe Sound, FL 33455

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7541 S.E. Marsh Fern Lane
CITY-ST-ZIP Hobe Sound, FL 33455

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

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

TITLE ☐ Change ☐ Addition
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 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:

Pat Zaccaro V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

DATE

287 5336

Daytime Phone #