

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049150

1. Entity Name

CENTRAL MEDICAL GROUP, P.A.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90041 045 ***150.00

Principal Place of Business
7707 NORTH UNIVERSITY DRIVE STE 107
TAMARAC FL 33321

Mailing Address
7707 NORTH UNIVERSITY DRIVE STE 107
TAMARAC FL 33321-2954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0675559

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

MINEO, PETER JR
ONE E BROWARD BLVD STE 700
FT LAUDERDALE FL 33301

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 PD
NAME WEINER, DOUGLAS E
STREET ADDRESS 6610 N UNIVERSITY DR
CITY-ST-ZIP TAMARAC FL ☐ Delete

TITLE VD
NAME STREIT, BARRY
STREET ADDRESS 6610 N UNIVERSITY DR
CITY-ST-ZIP TAMARAC FL ☐ Delete

TITLE SD
NAME LIEBER, CHARLES E
STREET ADDRESS 6610 N UNIVERSITY DR
CITY-ST-ZIP TAMARAC FL ☐ Delete

TITLE D
NAME ZEIGER, TONEL
STREET ADDRESS 5834 NW 35 WAY
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Treasurer
NAME Bender, Kevin
STREET ADDRESS 7707 N. University Dr
CITY-ST-ZIP TAMARAC FL 33321 ☐ Change ☒ Add

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2000

954-780-6111

Date

Daytime Phone #