

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000054934**
 1. Entity Name
TOTAL DOCTORS NETWORK INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90029 021 ***150.00

Principal Place of Business Mailing Address
7120 HIGH SIERRA CIRCLE
WEST PALM BEACH FL 33411

2. Principal Place of Business 3. Mailing Address
7120 HIGH SIERRA CR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WEST PALM BEACH FL
 Zip Country
33411 FL

4. FFL Number Applied For
65-0683428
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
GERARD P. McNULTY PRES
7120 HISC
WEST PALM BEACH FL 33411
 Delete
 Delete
 Delete
 Delete
 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
 Change Addition
 Change Addition
 Change Addition
 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 of 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: **Gerard P. McNulty** Date **4/10/01** Daytime Phone # **561-308-5578**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)