

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080022

1. Entity Name

SOUTH FLORIDA PHYSICIAN PRACTICE NO. 4, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90094 014 ***550.00

B0105011



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

Mailing Address

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

2. Principal Place of Business

910 Ridgebrook Rd

Suite, Apt. #, etc.

3. Mailing Address

910 Ridgebrook Rd

Suite, Apt. #, etc.

City & State

Sparks, MD

City & State

Sparks, MD

Zip

21152

Country

Zip

21152

Country

4. FEI Number

52-2061380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name National Corporate Research, LTD

Street Address (P.O. Box Number is Not Acceptable)

1406 Hays Street Suite #2

City Tallahassee

FL

Zip Code 32301

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.

National Corporate Research, LTD

SIGNATURE

John L. Morrissey, Assistant Vice President

8/24/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P PICKETT, TAYLOR 10065 RED RUN BLVD. OWINGS MILLS MD 21117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVIN, MARC B 10065 RED RUN BLVD. OWINGS MILLS MD 21117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, MARSHALL A 10065 RED RUN BLVD. OWINGS MILLS MD 21117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULCHINO, MARK 10065 RED RUN BLVD. OWINGS MILLS MD 21117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENSON, ROBERT 10065 RED RUN BLVD. OWINGS MILLS MD 21117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition in address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	910 Ridgebrook Rd Sparks, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition in address only
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Mark Fulchino

8/11/00

(916) 773-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)