

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091356

1. Entity Name

COMPLIMENTARY MEDICINE CENTER, INC.

FILED

Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90186 029 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O ELIZABETH FABRIZIO  
871 DONALD ROSS ROAD  
JUNO BEACH FL 33408  
US

C/O ELIZABETH FABRIZIO  
871 DONALD ROSS ROAD  
JUNO BEACH FL 33408-1606  
US

2. Principal Place of Business

2150 LAKE IDA RD

3. Mailing Address

2150 LAKE IDA RD

Suite, Apt. #, etc.

SUITE 6

Suite, Apt. #, etc.

SUITE 6

City & State

DeLray Beach, FL

City & State

DeLray Beach FL

Zip

33445

Country

Palm Beach

Zip

33445

Country

Palm Beach

6. Name and Address of Current Registered Agent

FABRIZIO, ELIZABETH  
871 DONALD ROSS ROAD  
JUNO BEACH FL 33408

7. Name and Address of New Registered Agent

Name ELIZABETH FABRIZIO

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

2150 LAKE IDA RD

SUITE 6

City

DeLray Bch

FL

Zip Code

33445

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 ELIZABETH FABRIZIO

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

Elizabeth A. Fabrizio

(NOTE: Registered Agent signature required when reinstating)

3/20/00

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 D  
NAME FABRIZIO, ELIZABETH  
STREET ADDRESS 871 DONALD ROSS ROAD  
CITY-ST-ZIP JUNO BEACH FL 33408 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Elizabeth A. Fabrizio Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)