

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008189

1. Entity Name

PRACTICE MANAGEMENT AFFILIATES, INC.

✓

Principal Place of Business

P.O. BOX 1974  
PALM CITY FL 34991

Mailing Address

P.O. BOX 1974  
PALM CITY FL 34991

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

65-0721731

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

HATCH, JAMES E III  
2135 SW DANFORTH CIRCLE  
PALM CITY FL 34990

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HATCH, JAMES E III  
CITY-ST-ZIP 2135 SW DANFORTH CIRCLE  
PALM CITY FL 34990

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/2000 561-781-5800  
Date Daytime Phone #

Attachment  
DH # P97000008189  
D0069813

July 6, 2000

Florida Department of State  
Divisions of Corporations

Re: Practice Management Affiliates, Inc.  
Document# P97000008189  
P.O. Box 1974  
Palm City Florida 34991

Dear Sir,

I am writing in regards to the above referenced business a check was mailed out on April 1, 2000 with the 2000 uniform business report. I called several times but their has been no sign of my report or check I spoke with Stacy Prather in reinstatement today and she advised me to send in the second request with my check and their would be no late fee.

Please feel free to contact me should you require additional information. Thank you in advance for you cooperation.

Sincerely,



Gloria DelSontro  
Office Manager