

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010552

1. Entity Name

INTER-MEDIC MEDICAL GROUP, P.A.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90032 022 ***150.00

00060601

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2885 TAMiami TRAIL 2885 TAMiami TRAIL
PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952

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 65-0741457 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOHN L. ESQ.
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

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

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

TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	ADHINARAYANAN, B	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	WAZNY, T.	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	SASLOW, H.	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	MELSER, M.	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASANOVA, E.	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASANOVA, L.	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR RODRIGUEZ 5/24/00 7210
Date Daytime Phone #

CR2E034 (9/99)

Attachment
DH#P970000010552
D0060601

2000 PROFIT CORPORATION ANNUAL REPORT
INTER-MEDIC MEDICAL GROUP, P.A.
DOCUMENT #P97000010552
FEI NO. #65-0741457

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
7.1 TITLE	P/D	X - DELETE	Change	Addition
7.2 NAME	HOLT, WILLIAM			
7.3 ST. ADDRESS	2885 TAMiami TRAIL			
7.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
8.1 TITLE	T/D	DELETE	S/D	X - Change Addition
8.2 NAME	OLIVER, JACINTO			
8.3 ST. ADDRESS	2885 TAMiami TRAIL			
8.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
9.1 TITLE	V/D	X - DELETE	Change	Addition
9.2 NAME	BAROUDI, ISSA F.			
9.3 ST. ADDRESS	2885 TAMiami TRAIL			
9.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
10.1 TITLE	V/D	DELETE	Change	Addition
10.2 NAME	BHAT, SALIGRAMA M.			
10.3 ST. ADDRESS	2885 TAMiami TRAIL			
10.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
11.1 TITLE	V/D	X - DELETE	Change	Addition
11.2 NAME	BRINSON, MICHAEL			
11.3 ST. ADDRESS	2885 TAMiami TRAIL			
11.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
12.1 TITLE	V/D	X - DELETE	Change	Addition
12.2 NAME	CHANDRAHASA, T.R.			
12.3 ST. ADDRESS	2885 TAMiami TRAIL			
12.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
13.1 TITLE	V/D	DELETE	Change	Addition
13.2 NAME	CIVITELLA, THOMAS			
13.3 ST. ADDRESS	2885 TAMiami TRAIL			
13.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
14.1 TITLE	V/D	X - DELETE	Change	Addition
14.2 NAME	CONNELLY, TERENCE			
14.3 ST. ADDRESS	2885 TAMiami TRAIL			
14.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
15.1 TITLE	V/D	X - DELETE	Change	Addition
15.2 NAME	DAVIS, MARK			
15.3 ST. ADDRESS	2885 TAMiami TRAIL			
15.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
16.1 TITLE	V/D	DELETE	Change	Addition
16.2 NAME	ESCHELMAN, A. ROBERT			
16.3 ST. ADDRESS	2885 TAMiami TRAIL			
16.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
17.1 TITLE	V/D	DELETE	Change	Addition
17.2 NAME	FABIAN, THOMAS M.			
17.3 ST. ADDRESS	2885 TAMiami TRAIL			
17.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
18.1 TITLE	V/D	DELETE	Change	Addition
18.2 NAME	HEAGNEY, M.			
18.3 ST. ADDRESS	2885 TAMiami TRAIL			
18.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
19.1 TITLE	V/D	X - DELETE	Change	Addition
19.2 NAME	LOPEZ, MARIO			
19.3 ST. ADDRESS	2885 TAMiami TRAIL			
19.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
20.1 TITLE	V/D	DELETE	Change	Addition
20.2 NAME	MAC DONALD, BRUCE D.			
20.3 ST. ADDRESS	2885 TAMiami TRAIL			
20.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
21.1 TITLE	V/D	DELETE	Change	Addition
21.2 NAME	NACKLEY, GEORGE			
21.3 ST. ADDRESS	2885 TAMiami TRAIL			
21.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
22.1 TITLE	V/D	X - DELETE	Change	Addition
22.2 NAME	PADMANABHAN, V.S.			
22.3 ST. ADDRESS	2885 TAMiami TRAIL			
22.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			

Attachment
 DFF P9700001055
 D0060601

2000 PROFIT CORPORATION ANNUAL REPORT
 INTER-MEDIC MEDICAL GROUP, P.A.
 DOCUMENT #P97000010552
 FEI NO. #65-0741457

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
23.1 TITLE	V/D	DELETE	Change	Addition
23.2 NAME	RIoux, JOHN			
23.3 ST. ADDRESS	2885 TAMiami TRAIL			
23.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
24.1 TITLE	V/D	DELETE	P/D	X - Change Addition
24.2 NAME	RODRIGUEZ, VICTOR			
24.3 ST. ADDRESS	2885 TAMiami TRAIL			
24.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
25.1 TITLE	V/D	DELETE	Change	Addition
25.2 NAME	SHRAYFEL, OLGA			
25.3 ST. ADDRESS	2885 TAMiami TRAIL			
25.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
26.1 TITLE	V/D	X - DELETE	Change	Addition
26.2 NAME	TAMAYO, NUMA J.			
26.3 ST. ADDRESS	2885 TAMiami TRAIL			
26.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			
27.1 TITLE	V/D	DELETE	Change	Addition
27.2 NAME	TORNER, JAIME			
27.3 ST. ADDRESS	2885 TAMiami TRAIL			
27.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			