

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036070

1. Entity Name

THE PROMED GROUP INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90799 001 ***150.00

Principal Place of Business

Mailing Address

1133 BAL HARBOR BLVD.
#1139, SUITE 134
PUNTA GORDA FL 33950

1133 BAL HARBOR BLVD.
#1139, SUITE 134
PUNTA GORDA FL 33950-6577

2. Principal Place of Business

1104 APPIAN DR

3. Mailing Address

1104 APPIAN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Punta Gorda FL

City & State

Punta Gorda FL

4. FEI Number

59-3453496

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

HENDERSON, TABITHA A
1133 BAL HARBOR BLVD.
#1139, SUITE 134
PPUNTA GORDA FL 33950

Name HENDERSON, TABITHA A.

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

1104 APPIAN DR

"BLANK"

City

Punta Gorda

FL

Zip Code

33950

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HENDERSON, TABITHA A 1133 BAL HARBOR BLVD, #1139 STE. 134 PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

941-505-8061

Daytime Phone #

CR2E034 (9/99)