

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90043 036 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000037642

1. Entity Name
PREMIER MEDICAL REVIEW, INC.

Principal Place of Business Mailing Address
~~3601 N UNIVERSITY DR~~ ~~3601 N UNIVERSITY DR~~
~~SUITE 210~~ ~~SUITE 210~~
CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065**

2. Principal Place of Business 3. Mailing Address
1334 North State Rd 7 Suite, Apt. #, etc. **(SAME)**

City & State City & State
Margate FL **(SAME)**
 Zip Country
33063 **USA**

4. FEI Number Applied For
65-0746500 ☐ Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
☐

6. Name and Address of Current Registered Agent
COOKE, BRIAN J
515 NORTH FLAGLER DRIVE
SUITE 600
W PALM BEACH FL 33401

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]* DATE **1-8-00**
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered agent signature required when reinstating)

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, 2001 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	President	<input type="checkbox"/> Delete
NAME	HERBST, NEIL	
STREET ADDRESS	7930 REDWOOD LN	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	KENNEDY, MICHAEL	
STREET ADDRESS	2840 NE 14TH STREET #414A	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL KENNEDY	
STREET ADDRESS	4990 NW 83RD LANE	
CITY-ST-ZIP	Coral Springs FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

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]* Date **1-8-00** Daytime Phone # **(954) 757-7775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)