

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 11, 2000 8:00 am  
Secretary of State**

02-11-2000 90005 048 \*\*\*150.00

**DOCUMENT # P97000043227**

1. Entity Name

**CMB MEDICAL CONSULTANTS, INC.**

Principal Place of Business

Mailing Address

**1900 S OCEAN BLVD  
6-C  
POMPANO BEACH FL 33062****1900 S OCEAN BLVD  
6-C  
POMPANO BEACH FL 33062-9010**

00010003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 11F

# 11F

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0752929**

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

**BLACKMAN, CLAUDIA M  
1900 S OCEAN BLVD  
~~#7H~~ - # 11F  
POMPANO BEACH FL 33062**

Name

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

# 11F

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  
Added to F.**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **BLACKMAN, CLAUDIA M**  
CITY-ST-ZIP **1900 S OCEAN BLVD 6-C  
POMPANO BEACH FL 33062**TITLE ☐ Change ☐  
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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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Claudia Blackman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**CLAUDIA BLACKMAN, PRES.**

Date

Daytime Phone #

**954-946-9...**