

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051233

1. Entity Name

CHAMPIA MEDICAL CONSULTANTS, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90004 024 ***150.00

Principal Place of Business

Mailing Address

10678 HALLS RIVER RD
HOMOSASSA FL 34446

P O BOX 488
HOMOSASSA SPRINGS FL 34447-0488

2. Principal Place of Business

5457 S ISLAND JR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMOSASSA FL

City & State

Zip

34448

Country

USA

Zip

Country

4. FEI Number

59-3453224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIA,
10678 HALLS RIVER RD
HOMOSASSA FL 34446

SHIRLEY B

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 PT ☐ Delete
NAME PIA,
STREET ADDRESS 10678 HALLS RIVER RD
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE S ☐ Delete
NAME RENUAD, RICHARD J
STREET ADDRESS 1746 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PIA SHIRLEY B
STREET ADDRESS
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)