

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055019

1. Entity Name

CITY MEDICAL SERVICES, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90045 039 \*\*\*150.00

Principal Place of Business

Mailing Address

4720 N.W. 2 ND AVE., STE. #D107  
 BOCA RATON FL 33432

4720 N.W. 2 ND AVE., STE. #D107  
 BOCA RATON FL 33431-4872

2. Principal Place of Business

20815 N.E. 16th Ave, XXXX

3. Mailing Address

20815 N.E. 16th Ave, XXXXX

Suite, Apt. #, etc.

#B-34

Suite, Apt. #, etc.

#B-34

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip 33179

Country USA

Zip 33179

Country USA

4. FEI Number

65-0761215

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

BIBACE, RONALD

4720 N.W. 2 ND AVE., STE. #D107

BOCA RATON FL 33432

Name

Bobace, Ronald

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

20815 N.E. 16th Avenue, #B-34

City

North Miami Beach

FL

Zip Code

33179

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

April 21, 2000

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 **D** ☐ Delete  
 NAME **BIBACE, RONALD**  
 STREET ADDRESS **4720 N.W. 2 ND AVE., STE. #D107**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **V** ☐ Change ☒ Addition  
 NAME **Robert Evan Brant**  
 STREET ADDRESS **18459 Pines Blvd., Suite 200**  
 CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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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)