

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90004 039 ***150.00

DOCUMENT # P97000056744
1. Entity Name
 SOLTMAN MEDICAL Center

Principal Place of Business
 117 N. 5th STREET
 Fort Pierce Fl. 34950

2. Principal Place of Business
 117 N. 5th ST.
 Suite, Apt. #, etc.

City & State
 Fort Pierce Fl.

Zip 34950 **Country** St. Lucie **Zip** 3 **Country**

4. FEI Number 65-0432610 **Applied For**
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAURY DUDSON
 2057 S US HIGHWAY
 FTP. 561-468-6366

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 *Maury Dudson* **DATE** 5-1-00
 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, 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 **NAME** **STREET ADDRESS** **CITY-ST-ZIP**
 DAMARYS RAVANI
 117 N. 5th STREET
 Ft. Pierce Fl. 34950 ☐ Delete

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

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TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00
 Date

561-461-6025
 Daytime Phone #

CR2E034 (9/99)