

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058071

Entity Name
STARKE MEDICAL CENTER, INC.

R

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90006 001 ***150.00

Principal Place of Business
1548-B S WATER ST
STARKE FL 32091
US

Mailing Address
1548-B S WATER ST
STARKE FL 32091
US

00107000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3457522
Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
POLLOCK, BRUCE
1548-B S WATER ST
STARKE FL 32091

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete POLLOCK, BRUCE 1550 S WATER STREET STARKE FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete EASON, CARL 1550 S WATER STREET STARKE FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
7/31/00
Date Daytime Phone #

PRIMARY CARE ASSOCIATES

Attachment Doc #
P97000058071
BU104600

Pediatrics

Orlando Rendon, M.D.
Anne Perantoni, A.R.N.P.

"Quality Care for the Entire Family"

Family Medicine

Carl Eason, M.D. Joanne Lucas, A.R.N.P.
Kevin McBride, M.D. Blannie Whelan, A.R.N.P.
Bruce Pollock, M.D. F.A.A.F.P.

Internal Medicine

Sally Sample, M.D.
Eufrocina Del Rosario, M.D.

July 31, 2000

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

Ref: Document Number P97000058071

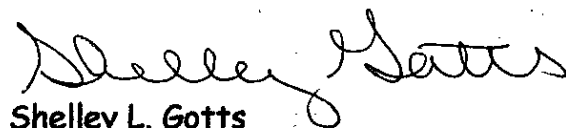
To Whom It May Concern:

Please note that I received this second notice of the 2000 Uniform Business Report, which I had renewed and sent a check for \$150.00 on May 1, 2000. In researching this we discovered that check # 1046 had never cleared the bank, therefore you must never of received my renewal.

Please renew my account and waive the penalty fee. I am enclosing a check for the original amount of \$150.00. Thank you for your help with this matter.

If you have any questions, please give me a call.

Sincerely,



Shelley L. Gotts
Administrative Assistant

/sg