

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072628

1. Entity Name

TITAN HEALTHCARE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90055 042 ***150.00

Principal Place of Business

Mailing Address

MOULTRIE P.T.
713 S. MAIN ST
MOULTRIE GA 31768

1043 A1A BEACH BLVD
ST AUGUSTINE FL 32084-2917

2. Principal Place of Business

~~2225 A1A SOUTH~~
Suite, Apt. #, etc. ~~#B7~~ (NO CHANGE)

3. Mailing Address

2225 A1A SOUTH
Suite, Apt. #, etc. #B7

City & State

~~ST AUGUSTINE FL~~
Zip 32084 Country USA

City & State

ST AUGUSTINE FL
Zip 32084 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3468070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, KIM
1043 A1A BEACH BLVD
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name Kimberly Palmer
Street Address (P.O. Box Number is Not Acceptable)
2225 A1A SOUTH
#B7
City ST AUGUSTINE FL Zip Code 32084

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 Kimberly A Palmer Kimberly Palmer 4/10/00
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	D	<input type="checkbox"/> Delete
NAME	PALMER, KIM	
STREET ADDRESS	204 3RD STREET	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERA, ROBERT MD	
STREET ADDRESS	800 ZEAGLER DR, STE 610	
CITY-ST-ZIP	PALATKA FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kimberly A Palmer Kimberly A Palmer 4/10/00 (904) 461-3184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)