

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078222

1. Entity Name

HILLCREST MEDICAL ASSOCIATES, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90045 049 \*\*\*150.00

Principal Place of Business

Mailing Address

2208 HILLCREST DR.  
ORLANDO FL 32803

2208 HILLCREST DR.  
ORLANDO FL 32803-4906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3613 Haworth Dr

Raleigh NC

27609

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**

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

DAVIS, PAT  
2208 HILLCREST DR.  
ORLANDO FL 32803

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
POLLACK, ALAN M  
757 THIRD AVENUE  
NEW YORK NY 10017

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
DAVIS, PAT  
2208 HILLCREST DR.  
ORLANDO FL 32804

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
BROADNAX, GARY  
2208 HILLCREST DR.  
ORLANDO FL 32804

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 ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00 919-783-0444  
Date Daytime Phone #