

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084153

1. Entity Name

PREMIER HEALTH MANAGEMENT SERVICES, INC.

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90019 048 \*\*\*150.00

Principal Place of Business

Mailing Address

3660 CENTRAL AVE. #4  
 FORT MYERS FL 33901

3660 CENTRAL AVE. #4  
 FORT MYERS FL 33901-7648

2. Principal Place of Business

3. Mailing Address

12441 McGREGOR WOOD CR  
 Suite, Apt. #, etc.

P.O. 08178  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Ft. Myers, FL

City & State  
 Ft. Myers, FL

4. FEI Number 65-0803133

Applied For  
 Not Applicable

Zip 33908

Country USA

Zip 33908

Country USA

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

WOOD, DAVID  
 3660 CENTRAL AVE, #4  
 FORT MYERS FL 33901

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, DAVID E	NAME	
STREET ADDRESS	12441 MCGREGOR WOOD CIR	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*David Wood*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00  
 Date

Daytime Phone #

CR21 014 (1/98)