

2000 UNIFORM BUSINESS REPORT (UBR)

019347

DOCUMENT # P97000092987

1. Entity Name

CONTINUACARE MEDICAL MANAGEMENT, INC.

FILED

00 APR 18 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

80 SW 8TH ST.
SUITE 2350
MIAMI FL 33130

80 SW 8TH ST.
SUITE 2350
MIAMI FL 33130-3047

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0791417

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

UCC FILING SEARCH & SERVICES INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 P
NAME SALAZAR, GUILLERMO
STREET ADDRESS 80 SW 8TH ST., SUITE 2350
CITY-ST-ZIP MIAMI FL 33130

Delete

TITLE VPTS
NAME ANGEL, SPENCER
STREET ADDRESS 80 SW 8TH ST., SUITE 2350
CITY-ST-ZIP MIAMI FL 33130

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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

Date

Daytime Phone #

Spencer Angel

CR2E034 (9/99)