

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000003928**

1. Entity Name

ROBERTS MEDICAL CASE MANAGEMENT, INC.**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90128 023 ***150.00

Principal Place of Business

Mailing Address

**1450 WATERWOOD DR.
LUTZ FL 33549****P.O. BOX 1126
LUTZ FL 33548-1126**

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

59-3486444Applied For
Not Applicable5. 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****SHORT, PAUL R
7522 NORTH 40TH ST
TAMPA FL 33604**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, DORIS S	
STREET ADDRESS	1450 WATERWOOD DR.	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, ROBERT D	
STREET ADDRESS	1450 WATERWOOD DR.	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11☐ Change ☐ Addition

TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

☐ Change ☐ Addition

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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:**DORIS S. ROBERTS, Pres.**

Date

Daytime Phone #

1/24/00**(813)-948-3056**