

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90004 046 ***150.00

DOCUMENT # P98000011040

1. Entity Name

PHYSICIANS PROFESSIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

~~1901 WEST MARTIN LUTHER KING JR. BLVD.~~
~~SUITE C~~
~~TAMPA FL 33607~~

14502 N. DALE MABRY HWY
 STE 302
 TAMPA FL 33618-2072

2. Principal Place of Business

14502 N. DALE MABRY HWY

3. Mailing Address

Suite, Apt. #, etc.
302

City & State

TAM PA FL

Zip

33618

Country

2072

4. FEI Number

59-3493754

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUDERS, BRADLEY D

~~202 SOUTH MOODY AVENUE~~
~~TAMPA FL 33609~~

Name

Street Address (P.O. Box Number is Not Acceptable)

1303 N. ARMENIA AVENUE

City

TAM PA

FL

Zip Code

33607

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PVST
NODLAND, ERIC C
2418 S COACH HORSE BLVD
ORLANDO FL 33812

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
2821 CONOVER AVENUE
ORLANDO FL 33812

TITLE
 NAME
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 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:

Eric C. Nodland

1-6-2000

813.960.3707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #