

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018721

1. Entity Name

NICORE CLINICS, INC.

Principal Place of Business

2302 WEST SWAN AVE
TAMPA FL 33609

Mailing Address

2302 WEST SWAN AVE
TAMPA FL 33634-1318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWE, JAMES C
100 2ND AVENUE SOUTH
SUITE 400N
ST PETERSBURG FL 33701

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	PD	<input type="checkbox"/> Delete	TITLE	PD SPANGLER, JOHN F.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARBOUR, ROBERT M		NAME	4897 W. WATERS AVE. #J	
STREET ADDRESS	2302 WEST SWANN AVE		STREET ADDRESS	TAMPA, FL 33634	
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	DST LABARBERA, GIGI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABARBERA, GIGI		NAME	4897 W. WATERS AVE. #J	
STREET ADDRESS	2302 WEST SWANN AVE		STREET ADDRESS	TAMPA, FL 33634	
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D SMITH, TREVOR G.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TREVOR G		NAME	4897 W. WATERS AVE. #J	
STREET ADDRESS	2302 WEST SWANN AVE		STREET ADDRESS	TAMPA, FL 33634	
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D HOOD, STEPHEN R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, STEPHEN R		NAME	4897 W. WATERS AVE. #J	
STREET ADDRESS	2302 WEST SWANN AVE		STREET ADDRESS	TAMPA, FL 33634	
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D HARBOUR, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	4897 W. WATERS AVE. #J	
STREET ADDRESS			STREET ADDRESS	TAMPA, FL 33634	
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		

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 #

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90103 001 ***300.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3500277

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

CR2E034 (9/99)