

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027883

1. Entity Name
PARKE MEDICAL SUPPLY INC.



FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90093 007 ***155.00

Principal Place of Business
~~3100 NW BOCA RATON BLVD.~~
~~314P~~
BOCA RATON FL 33431

Mailing Address
~~3100 NW BOCA RATON BLVD.~~
~~314P~~
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3500 NW BOCA RATON BLVD
Suite, Apt. #, etc.
STE 814-P
City & State
BOCA RATON
Zip
33431
Country
Palm Be

3. Mailing Address
3500 NW BOCA RATON BLVD
Suite, Apt. #, etc.
STE #814-P
City & State
BOCA RATON
Zip
33431
Country
Palm Be

4. FEI Number
APPLIED FOR
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAVERY, K
~~3100 NW BOCA RATON BLVD.~~
~~314P~~
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3500 NW BOCA RATON BLVD
STE 814-P
City BOCA RATON FL Zip Code 33431

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAVERY, K. 3100 NW BOCA RATON BLVD., 314P BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3500 NW BOCA RATON BLVD STE 814-P BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE 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: SIGNATURE REQUIRED President 8/4/00 561-391-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)



ATTACHMENT

#P98000027883

DW77314

August 4, 2000

Florida Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Subject: Corporation Report

Dear Secretary of State Harris:

Thank you for the second notice of the need to file the corporate annual report for our company. It appears the original notice failed to reach our offices due to a change of address.

Enclosed is the completed report, and a check for the \$150.00 fee. We would like to request a waiver of the penalty for filing late. We moved the office and filed a change of address with the post office. Apparently, the original notice was delivered to our old address, or got lost in the mail. We have never missed the filing date and we are disappointed to have this blemish on our record.

Thank you for considering our request.

Sincerely,

Kristen K. Savery
President

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