

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035131

1. Entity Name

FAMILY MEDICAL PLAZA III, INC.

Principal Place of Business

C/O BRUCE JAY TOLAND, P.A.
801 BRICKELL AVE. STE 1501
MIAMI FL 33131

Mailing Address

C/O BRUCE JAY TOLAND, P.A.
801 BRICKELL AVE. STE 1501
MIAMI FL 33131-4944

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

TOLAND, BRUCE JAY ESQ.
801 BRICKELL AVE, STE 1501
MIAMI FL 33131

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CRUZ, ROBERT M.D.
801 BRICKELL AVE, STE 1501
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RETSCHIN, BLAIR
801 BRICKELL AVE, STE 1501
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

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 #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90064 001 ***600.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0828350** **APPLIED FOR**
Applied For ☐ Not Applicable ☐

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

CR2E034 (9/99)

4/27/00

305
756 9977