

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047459

1. Entity Name

BENCHMARK CLINICAL MANAGEMENT GROUP, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90010 015 ***150.00

Principal Place of Business

768 BOUGAINVILLE LANE
VERO BEACH FL 32963

Mailing Address

768 BOUGAINVILLE LANE
VERO BEACH FL 32963

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

65-0876544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NALL, ROBERT C
3355 OCEAN DR.
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name *S. Elaine Emerson*

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

768 Bougainvillea Ln

City *Vero Beach*

FL

Zip Code *32963*

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

Robert C Nall

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/20/2000

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 **DPVT** ☐ Delete
NAME **EMERSON, S ELAINE**
STREET ADDRESS **768 BOUGAINVILLE LANE**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

S. Elaine Emerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/00
561-234-4664

Benchmark
Clinical
Management

P98000047459
A0069815
Attach

Laine Emerson, R.N., M.S.
768 Bougainvillea Lane
Vero Beach, Florida 32963
Telephone (561) 234-4664
Fax (561) 234-4681

July 20, 2000

Division of Corporations
Florida Department of State
P.O. BOX 6327
Tallahassee, Florida 32314

RE: Late filing fee for Benchmark Clinical Management Group, Inc.
Charter number P9800047459

Dear Sirs:

I would greatly appreciate it if you could grant my request for a waiver for the late fee. This is my first year as a corporation and I did not anticipate an annual renewal form in the early part of the year; hence, I didn't notice when it didn't arrive. This second notice with late fee attached was my first notice.

As I am a very small company, the waiver of the fee would assist me greatly.

Thank you for your consideration,


Laine Emerson

P98000047459
A0069815
H-Hach

LAW OFFICES OF
ROBERT C. NALL, P.A.
POST OFFICE BOX 5325
VERO BEACH, FLORIDA 32961-5325

655 21ST STREET
SUITE 203
VERO BEACH, FL 32960

TELEPHONE (561) 770-1500
TELEFAX (561) 770-1582
email rcn@nallpa.com

July 20, 2000

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

RE: *Request for Waiver of Late Uniform Business Report Filing Fee
For Benchmark Clinical Management Group, Inc.
Charter Number P9800047459*

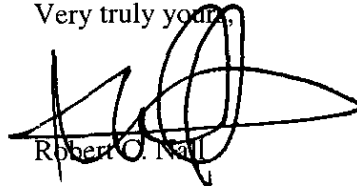
Dear Sirs:

I am writing on behalf of S. Elaine Emerson, the President of Benchmark Clinical Management Group, Inc. Ms. Emerson recently told me that the 2000 Uniform Business Report, which was the second notice with a corresponding fee of \$550.00, had been received by her.

I explained to Ms. Emerson that this was a late notice. Ms. Emerson told me that she did not receive the initial 2000 Uniform Business Report. That report would have been mailed to the corporation at the same address, 768 Bougainvillea Lane, Vero Beach, Florida 32963-1037. While that address is correct, for reasons unknown, she never received the initial report.

We therefore request a waiver of the late fee. Enclosed please find payment of \$150.00 for the 2000 Uniform Business Report. I would appreciate it if you would advise me at your earliest convenience if anything else is needed with regard to the waiver request. The corporation certainly does not want to incur additional late fees or risk being administratively dissolved. Thank you for your cooperation.

Very truly yours,


Robert C. Nall

RCN/cw
Enclosure
cc: Laine Emerson