

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055568

1. Entity Name

FLORIDA DOCTORS, INC.

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

03-15-2000 90025 045 ***150.00

Principal Place of Business	Mailing Address
2020 S.E. 17TH ST. OCALA FL 34471	2020 S.E. 17TH ST. OCALA FL 34471-4118

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3538000	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PADGETT, GLENN R 4118 SALINA LANE ORMOND BEACH FL 32174	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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																				
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>HILL, MICHAEL P</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2020 S.E. 17TH ST.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>OCALA FL 34471</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>PADGETT, GLENN R</td><td></td></tr><tr><td>STREET ADDRESS</td><td>4118 SALINA LANE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>ORMOND BEACH FL 32174</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	HILL, MICHAEL P		STREET ADDRESS	2020 S.E. 17TH ST.		CITY-ST-ZIP	OCALA FL 34471		TITLE	D	<input type="checkbox"/> Delete	NAME	PADGETT, GLENN R		STREET ADDRESS	4118 SALINA LANE		CITY-ST-ZIP	ORMOND BEACH FL 32174		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																																			
NAME	HILL, MICHAEL P																																				
STREET ADDRESS	2020 S.E. 17TH ST.																																				
CITY-ST-ZIP	OCALA FL 34471																																				
TITLE	D	<input type="checkbox"/> Delete																																			
NAME	PADGETT, GLENN R																																				
STREET ADDRESS	4118 SALINA LANE																																				
CITY-ST-ZIP	ORMOND BEACH FL 32174																																				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP														
TITLE		<input type="checkbox"/> Delete																																			
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP														
TITLE		<input type="checkbox"/> Delete																																			
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP														
TITLE		<input type="checkbox"/> Delete																																			
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-00

CR2E034 (9/99)