## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P98000089353 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name DAME PRACTICE MANAGEMENT, INC. 08-08-2000 90011 024 \*\*\*150.00 Principal Place of Business Mailing Address 3853 SERUBI AVE 3853 SERUBI AVE LAKE WORTH FL 33461 LAKE WORTH FL 33461 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0869947 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAME, BARBARA Street Address (P.O. Box Number is Not Acceptable) 3853 SERUBI AVE LAKE WORTH FL 33461 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TITLE DAME, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 3853 SERUBI AVE CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-7IP ☐ Addition Delete ☐ Change TITLE DAME, TIMOTHY 3853 SERUBI AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE BOATWRIGHT, TERRY L NAME NAME 3853 SERUBI AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-ZIP ☐ Change ☐ Addition TIT! F TITLE MILLS. PAMELA NAME NAME 3853 SERUBI AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-31-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filting soes 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 eport 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

Daytime Phone #

7/27/00

Attachment Doc# P98000089353 H0011499

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Please NOTE that the encloses, 2000 Business
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Thank you in advance

Sarbara Jank