

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000091148**

1. Entity Name

METRO HEALTH, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG -1 AM 11:22

Principal Place of Business

2555 SOUTH KIRKMAN ROAD
ORLANDO FL 32811 2346

Mailing Address

2555 SOUTH KIRKMAN ROAD
ORLANDO FL 32811-2346

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 59-3539756

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEFKOWITZ, IVAN M
430 NORTH MILLS AVE
ORLANDO FL 32803

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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-STATE-ZIP	PTD MASCOE, MAURICE W 2555 S. KIRKMAN ROAD ORLANDO FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD BRUEFACH, TINA 2555 S. KIRKMAN ROAD ORLANDO FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

CR2E034 (10/00)

Maurice W. Mascoe, M.D.
Robert Bartemus, D.O.

MetroHealth

Family Medical Care

2535 S. Kirkman Road, Orlando, Florida 32811 • Phone: (407) 294-1014

Tina Bruefach, PAC
Physician Assistant

Attachment Doc# P98000091148 A00570

June 27, 2001

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Re: MetroHealth
Document: P98000091148

To Whom It May Concern:

We at MetroHealth are writing to the state today to ask for some leniency with respect to our late filing of our yearly incorporation dues. I am the new administrator and when cleaning up the filing from the previous office manager that was let go due to negligence with her job, I found that she had not presented to the owners of the practice the renewal packet that the state had sent us.

I am asking for forgiveness of the late fee and ask you to accept our check of \$150.00 to bring us current and in good standing with the State of Florida. I have enclosed our check and once you receive this, if you should have any questions, please do not hesitate to call our office and speak with me. I really appreciate the understanding of the state in this situation. Thank you and please have a great week.

Sincerely,



Julie R. Scott
Administrator

Maurice W. Mascoc, M.D.
Robert Bartemus, D.O.

MetroHealth
Family Medical Care

Tina Bruefach, PAC
Physician Assistant

2555 S. Kirkman Road, Orlando, Florida 32811 • Phone: (407) 294-1014

July 27, 2001

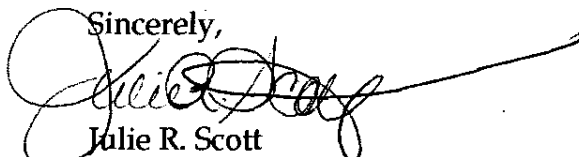
Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Re: MetroHealth
Document #: P98000091148

To Whom It May Concern:

Before we sent in this late filing notification with our check of \$150.00. I called and spoke to your customer service department and they had advised me to send a letter explaining what happened with our late filing. The person who I spoke to assured me that there would be an exception made on our behalf due to the circumstances that were beyond our control. Please once again reevaluate your decision, as we are a small practice that has only been in business for two years with limited cash flow. Your prompt attention to this would greatly be appreciated. Thank you again in advance for your consideration of this request.

Sincerely,



Julie R. Scott
Administrator

: Enclosures