## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 23, 2000 8:00 am Secretary of State DOCUMENT # **P98000093807** 1. Entity Name MEDICAL RESOURCE OF TAMPA INCORPORATED 04-23-2000 90033 006 \*\*\*158.75 Mailing Address Principal Place of Business 3105 WEST WATERS AVENUE 3105 WEST WATERS AVENUE **SUITE 213 SUITE 213** TAMPA FL 33614-2873 TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3541060 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition PSTD ☐ Delete TITLE Change TITLE MATTOS, VICTOR NAME NAME STREET ADDRESS 3105 WEST WATERS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33614 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS ČITY-ŠT-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE 3 1717 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

NTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF

04-14-00 (813) 933-6611 Date Daytime Phone #