

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004804

1. Entity Name

VERIMED HEALTH SYSTEMS, INC.

Principal Place of Business

11950 N.W. 39TH STREET
SUITE D
CORAL SPRINGS FL 33065

Mailing Address

11950 N.W. 39TH STREET
SUITE D
CORAL SPRINGS FL 33065

2. Principal Place of Business

600 W. PROSPECT RD

3. Mailing Address

600 W. PROSPECT RD

Suite, Apt. #, etc.

2-H

Suite, Apt. #, etc.

2-H

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0887508

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, MANUEL E ESQ.
1 SE 3RD AVE, STE 2250
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

E. N. BURSON II

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

600 W. PROSPECT RD. - #2-H

City

FT LAUDERDALE

FL

Zip Code

33309

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

E. N. Burson II
Signature, typed or printed name of registered agent and title if applicable.

E. N. BURSON II, PRESIDENT 9/12/00

(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 \$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 D
NAME IGLESIAS, MANUEL E
STREET ADDRESS 1 SE 3RD AVE, STE 2250
CITY-ST-ZIP MIAMI FL 33131

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PRESIDENT
NAME E. N. BURSON
STREET ADDRESS 600 W. PROSPECT RD #2-H
CITY-ST-ZIP FT. LAUDERDALE, FL. 33309

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

E. N. Burson II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

954-344-2454

Daytime Phone #

FILED
Sep 19, 2000 8:00 am
Secretary of State

09-19-2000 90031 001 ***550.00

09-19-2000 90031 002 *****8.75



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)