

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004921

1. Entity Name

FIRST FLORIDA MEDICAL, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90035 004 ***150.00

Principal Place of Business

2345 BEE RIDGE RD. SUITE 5B
SARASOTA FL 34239

Mailing Address

P O BOX 18108
SARASOTA FL 34276-2105

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P O Box 15642

Sarasota, FL

34277



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

BEATTIE, JOHN C JR
307 JASMINE WAY
CLEARWATER FL 33756

Name SHERYL L. GELETKA

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

4501 Summer Cove Dr. E # 323

City Sarasota

FL

Zip Code 34243

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

Sheryl L. Geletka

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, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEATTIE, JOHN C JR	
STREET ADDRESS	2345 BEE RIDGE RD, SUITE 5B	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D PRESIDENT	<input type="checkbox"/> Delete
NAME	GELETKA, SHERYL L	
STREET ADDRESS	3249 FAIRHAVEN AVE	
CITY-ST-ZIP	KISSIMEE FL 34746	
TITLE		<input type="checkbox"/> Delete
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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:

Sheryl L. Geletka, President

Date

Daytime Phone #

CR2E034 (9/99)