

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90080 006 \*\*\*150.00

**DOCUMENT # P99000004991**

1. Entity Name

**PROMEDCO OF PALM BEACH COUNTY, INC.**

Principal Place of Business

801 CHERRY ST., STE. 1450  
 FT. WORTH TX 76102

Mailing Address

801 CHERRY ST., STE. 1450  
 FT. WORTH TX 76102-6814

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-0389730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS ST.**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSEY, H. WAYNE	
STREET ADDRESS	801 CHERRY STREET, SUITE 1450	
CITY-ST-ZIP	FORT WORTH, TX 76102	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, Dale K.	
STREET ADDRESS	801 Cherry Street, Suite 1450	
CITY-ST-ZIP	Fort Worth, TX 76102	
TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Deborah A.	
STREET ADDRESS	801 Cherry Street, Suite 1450	
CITY-ST-ZIP	Fort Worth, TX 76102	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ROBERT D.	
STREET ADDRESS	801 CHERRY STREET, SUITE 1450	
CITY-ST-ZIP	FORT WORTH, TX 76102	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCQUEARY, CHARLES	
STREET ADDRESS	801 CHERRY STREET, SUITE 1450	
CITY-ST-ZIP	FORT WORTH, TX 76102	
TITLE	ASAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, THOMAS W.	
STREET ADDRESS	801 CHERRY STREET, SUITE 1450	
CITY-ST-ZIP	FORT WORTH, TX 76102	

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:

*Robert D. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(817) 335-5035