

2000 UNIFORM BUSINESS REPORT (UBR)

8/4/00-90004-042-\$150.00-\$150.00

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DOCUMENT # P99000005504

1. Entity Name

MEDPLUS MEDICAL MANAGEMENT, INC.

FILED

00 AUG 25 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

738 EDGEEMERE LANE
SARASOTA FL 34242

Mailing Address

738 EDGEEMERE LANE
SARASOTA FL 34242

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

65-0900154

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOMPOTHECRAS, GARY
738 EDGEEMERE LANE
SARASOTA FL 34242

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KOMPOTHECRAS, GARY	
STREET ADDRESS	738 EDGEEMERE LANE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

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August 21, 2000

Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

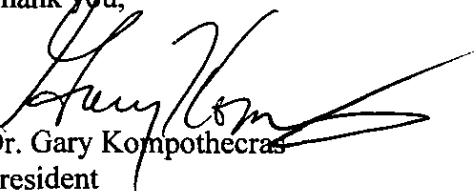
Attn: Tyron

Re: Uniform Business Reports

Dear Tyron:

Medplus Medical Management, Inc. never received the first UBR notice to file. We request that the additional fee for late filing and payment be waived. The \$150.00 filing fee has already been received by your office and cashed.

Thank you,


Dr. Gary Kompothecras
President

Medical Walk-In Clinic - Main Administrative Office

2130 S. Tamiami Trail
Sarasota, FL 34239

(941) 363-9474
Fax: 363-9793