

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90156 036 ***150.00

DOCUMENT # P99000005504

1. Entity Name

MEDPLUS MEDICAL MANAGEMENT, INC.

Principal Place of Business

**738 EDGEEMERE LANE
 SARASOTA FL 34242**

Mailing Address

**738 EDGEEMERE LANE
 SARASOTA FL 34242**

2. Principal Place of Business

4260 S. Tamiami Trail

3. Mailing Address

P.O. Box 25368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34231

Country

Zip

34277

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

962861



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOMPOTHECRAS, GARY
 738 EDGEEMERE LANE
 SARASOTA FL 34242**

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, 2002 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 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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| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
 Date

(941) 924-8764
 Daytime Phone #

CR2E034 (9/01)