

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 22, 2000 8:00 am
Secretary of State

04-23-2000 90014 027 ***150.00

DOCUMENT # P99000008299

1. Entity Name

FLORIMED BACK CENTER, INC.

Principal Place of Business

**3105 WEST WATERS AVE. STE. 107
TAMPA FL 33614**

Mailing Address

**3105 WEST WATERS AVE. STE. 107
TAMPA FL 33614-2846**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3472530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LYONS, GARY W
311 S. MISSOURI AVE
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

Charles Broes

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

6800 N. Dale Mabry Hwy

Suite 100

City

Tampa

FL

Zip Code

33604

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

Charles Broes

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 ☐ Delete
NAME **DP**
STREET ADDRESS **STUEBE, JAMES E**
CITY-ST-ZIP **1005 SUNSET DR
TARPOON SPRINGS FL 34689**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **BARHONOVICH, MARC**
CITY-ST-ZIP **17029 PAULA LANE
LUTZ FL 33549**

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **RYAN, GREGORY S**
CITY-ST-ZIP **6007 ROSEWOOD DR
TAMPA FL 33615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **C.E.O.**
STREET ADDRESS **Charles Broes**
CITY-ST-ZIP **6800 N. Dale Mabry Hwy
Tampa, FL 33604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Charles Broes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.E.O.

4/14/00

8138824507

Date

Daytime Phone #