

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90003 020 ***150.00

0126028 AI

DOCUMENT # P99000017807

1. Entity Name

MEDPLUS MEDICAL OF BRADENTON, INC.



Principal Place of Business

**1011 CARLTON ARMS BLVD.
 BRADENTON FL 34208**

Mailing Address

**1011 CARLTON ARMS BLVD.
 BRADENTON FL 34208**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 25368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

4. FEI Number

65-0900157

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

34277

USA

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

**KOMPOTHECRAS, GARY
 1011 CARLTON ARMS BLVD.
 BRADENTON FL 34208**

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 12, 2001 Fee 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **KOMPOTHECRAS, GARY**
 CITY-ST-ZIP **738 EDMERE LN
 SARASOTA FL 34242**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 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 #



Attachment
P99000017807

775581

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 of Bradenton, 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 is enclosed.

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