

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018184

1. Entity Name
TAMPA DOCTOR'S RX US, INC.

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90062 024 ***150.00

Principal Place of Business
1010 E. BUSCH BOULEVARD
SUITE 102
TAMPA FL 33612

Mailing Address
1010 E. BUSCH BOULEVARD
SUITE 102
TAMPA FL 33612

2. Principal Place of Business
Same as above
Suite, Apt. #, etc.

3. Mailing Address
Same as above
Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3558711

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, JAIME B
1010 E. BUSCH BOULEVARD
SUITE 102
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name
N/A

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/Pres JAIME B. WALLACE 1010 E. Busch Blvd., Suite 102 Tampa, FL. 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP J. Victor Haddix 1010 E. Busch Blvd., Suite 102 Tampa, FL. 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: Jaime B. Wallace 8/14/00 (813) 931-9707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Attachment
of pag 000018184
01/01/02

DOCTORS Rx US MEDICAL WALK-IN-CLINIC

1010 East Busch Boulevard, Suite 102, Tampa, Florida 33612-8502

Telephone: (813) 931-9707 Toll Free: 1-877-Drs Rx Us (1-877-377-7987) Fax: (813) 931-5215

August 14, 2000

Division of Corporations
Post Office Box 6327
Tallahassee, FL. 32314

Re: Attached 2000 UBR; Notice of Non-Receipt of any previous UBR Form/Notice

Dear Division of Corporations:

Please be informed that we did **not** receive any "initial" UBA form, and the attached form is the only document received by our office/corporation to date!

Please find enclosed/attached, a check in the amount of \$150.00, the amount required by law. It is unfair to impose any alleged late fee when in fact we did not receive the necessary document or form from the Department of State prior to receiving the attached form. Therefore, I request that you waive any late fee imposed due to non-notice as required by state law.

Should you have any questions, please feel free to contact me. Thank you.

Respectfully,



Jaime B. Wallace
CEO/Registered Agent
Tampa Doctors Rx Us, Inc.
d/b/a: Doctors Rx Us
(813) 931-9707

enclosure: Check for \$150.00 as payment for annual UBR fee.
attachment: 2000 Uniform Business Report (Document # P99000018184)