

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90353 018 ***158.75

05/07/02
 AI

DOCUMENT # P99000027407

1. Entity Name

COMPLETE CARE CLINIC, INC.

Principal Place of Business

**7110 N NEBRASKA AVE
 STE A
 TAMPA FL 33604**

Mailing Address

**P.O. BOX 45108
 TAMPA FL 33677**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7110 N. Nebraska Ave
 Suite A**

3. Mailing Address

P.O. Box 8128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3565200

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

Zip

Country

Zip

Country

33604

US

33677-8128

6. Name and Address of Current Registered Agent

**FORD, BUDDY D
 115 N. MACDILL AVE.
 TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name **Jeffrey S. Poritz**

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

7110 N. Nebraska Ave

Suite A

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 **Jeffrey S. Poritz**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

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

TITLE **Pres.** ☐ Delete
 NAME **PORITZ, KAREN**
 STREET ADDRESS **P.O. BOX 45108**
 CITY-ST-ZIP **TAMPA FL 33677**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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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 **Sec. Tres** ☐ Change ☒ Addition
 NAME **Jeffrey S. Poritz**
 STREET ADDRESS **7110 N. Nebraska Ave Suite A**
 CITY-ST-ZIP **Tampa, FL 33604**

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

TITLE ☐ Change ☐ Addition
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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:

Jeffrey S. Poritz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02

(813) 238-6471

CR2E034 (9/01)