

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90054 019 ***150.00

DOCUMENT # P99000038347

1. Entity Name

TEAMCARE INFUSION TAMPA, INCORPORATED

Principal Place of Business

4704 SW 74 AVENUE
MIAMI FL 33155

Mailing Address

4704 SW 74 AVENUE
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0936471

Applied For

Not Applicable

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

SCHNEIDER, MARK
4704 SW 74 AVENUE
MIAMI FL 33155

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, 2001 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 DP
NAME SCHNEIDER, MARK
STREET ADDRESS 4704 SW 74 AVENUE
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

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

TITLE VP
NAME PALACIOS, MIGUEL
STREET ADDRESS 10612 SW 147 PL
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

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

TITLE VP
NAME SCHNEIDER, LORETTA
STREET ADDRESS 4704 SW 74 AVE
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE
NAME schneider, Loretta ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE: Mark Schneider, President MARK SCHNEIDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-01 305 261 0022

Date

Daytime Phone #

CR2E034 (10/00)