

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044504

1. Entity Name

COMPREHENSIVE MEDICAL CONSULTANTS, INC.

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90007 005 \*\*\*150.00

Principal Place of Business

1415 MIAMI RPAD  
 UNIT D  
 FORT LAUDERDALE FL 33316

Mailing Address

1415 MIAMI RPAD  
 UNIT D  
 FORT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

2831 N 38 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood FL

Zip

Country

Zip

Country

33021

U.S.A.

4. FEI Number

65-0920067

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

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name

Edward Andrade

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

2831 N 38 Avenue

City

Hollywood

FL

Zip Code

33021

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
 NAME ANDRADE, EDWARD J  
 STREET ADDRESS 1415 MIAMI RPAD  
 CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE PSTD  
 NAME Andrade, Edward J.  
 STREET ADDRESS 2831 N 38 Avenue  
 CITY-ST-ZIP Hollywood, Fla. 33021-3009 ☒ 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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-901-3674

CR2E034 (5/00)

*Attachments*

*P99000044/504*

*D0082846*

**DRU D. LASHBROOK & ASSOCIATES, P.A.**  
**CERTIFIED PUBLIC ACCOUNTANTS**

Dru D. Lashbrook, CPA  
Brian H. Wollard, CPA  
David J. Fasano, CPA, MBA  
Dean R. Lashbrook

*Member of the  
Florida Institute of  
Certified Public Accountants*

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August 22, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: Comprehensive Medical Consultants, Inc.**  
**Document # P99000044504**

To whom it may concern:

We are the Certified Public Accountants for the above referenced corporation. Enclosed please find the 2000 Uniform Business report for the above referenced taxpayer. The taxpayer received this 2<sup>nd</sup> notice and contacted the State and was told to mail report with a check for \$150.00 immediately. They never received the original report due to an address change and a problem with their forwarding address.

Enclosed please find the signed report and check for \$150.00 as requested. Thank you for your assistance in this matter, and if you should have any questions please contact our office..

Sincerely,

DRU D. LASHBROOK & ASSOCIATES, P.A.



David J. Fasano, CPA,  
for the firm.

DJF/kd  
Enclosures