

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045641

1. Entity Name
ALTAMONTE PRIMARY CARE, INC.

f

Principal Place of Business
499 E. CENTRAL PARKWAY STE. 130
ALTAMONTE SPRINGS FL 32701

Mailing Address
499 E. CENTRAL PARKWAY STE. 130
ALTAMONTE SPRINGS FL 32701

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

59-3577139

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURTIS, JANET R
499 E. CENTRAL PARKWAY STE. 130
ALTAMONTE SPRINGS FL 32701

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CURTIS, JANET R
499 E. CENTRAL PARKWAY STE. 130
ALTAMONTE SPRINGS FL 32701 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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: *Janet R Curtis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/2000 407-647-6000
Date Daytime Phone #

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90048 001 ***150.00

07-28-2000 90048 002 *****8.75



DO NOT WRITE IN THIS SPACE

Altamonte Primary Care, Inc.

DOC# P99000045641

19008

Janet R. Curtis, ARNP, MSN, CS
499 E. Central Parkway, Suite 130
Altamonte Springs, FL 32701-3449

Phone 407-647-6000
Fax 407-647-5704

July 19, 2000

Florida Department of State
Katherine Harris
Secretary of State


Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam,

Enclosed is check #1385 for \$150.00, covering the fee for the Uniform Business Report. As Ruth explained to Bryan by phone, July 17, 2000, we are a new business and did not know there was a fee due on corporations. For some reason, I did not receive the first notice for the 2000 Uniform Business Report. I now realize that this fee is due every year between January and May and will look for this information in the mail from the Division of Corporations after the first of the year. I apologize for the lateness of this check, and can assure you that in the future it will be paid promptly.

Thank you for assisting us as we try to learn all of the details of business ownership.

Sincerely,


Janet R. Curtis, ARNP, MSN, CS