

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051110

1. Entity Name

WOUND, OSTOMY, CONTINENCE CARE, INC.

Principal Place of Business

Mailing Address

2595 TAMPA RD., STE. U
PALM HARBOR FL 34684

2595 TAMPA RD., STE. U
PALM HARBOR FL 34684

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

59-2596133

NOT APPLICABLE

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

WALKER, ROBERT G JR.
1421 COURT ST., STE. F
CLEARWATER FL 33756-6147

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 NAME STREET ADDRESS CITY-ST-ZIP | D NORRMAN, NANCY 2595 TAMPA RD., STE. U PALM HARBOR FL 34684 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS HEWETT, CAROLYN 2595 TAMPA ROAD STE U PALM HARBOR FL 34684 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GABRIEL SANCHEZ 2595 TAMPA RD STE U PALM HARBOR FL 34684 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Daniela Sanchez 2595 TAMPA RD STE U PALM HARBOR FL 34684 | <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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sec/Treas. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pres | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | U Pres | <input type="checkbox"/> Change <input 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 |

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:

GABRIEL G. SANCHEZ, M.D.

4/11/2001

Date

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90039 018 ***150.00

658832



DO NOT WRITE IN THIS SPACE

0426585

CR2E034 (10/00)