

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057210

1. Entity Name

FLORIDA VEIN CONSULTANTS, P.A.

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90054 038 ***150.00

Principal Place of Business

Mailing Address

% DENISE S. CLARK, D.O.
~~452 NORTH KIRKMAN ROAD, SUITE 203~~
ORLANDO FL 32811

change of address

% DENISE S. CLARK, D.O.
~~452 NORTH KIRKMAN ROAD, SUITE 203~~
ORLANDO FL 32811

2. Principal Place of Business

Florida Vein Consultants, P.A.

3. Mailing Address

~~Florida Vein Consultants, P.A.~~

Suite, Apt. #, etc.

5750 Major Blvd, Suite 104

Suite, Apt. #, etc.

City & State

FL

City & State

Orlando

Zip
32819

Country

USA

Zip

Country

4. FEI Number

59-3586846

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

Name

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

~~452 North Kirkman Road~~ 5750 Major Blvd.
Suite 104

City

Orlando

FL

Zip Code

32819

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

DENISE S. CLARK, D.O.

Denise S. Clark

4-13-00

Signature, typed or printed name of registered agent and fee (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, 2000 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	D	<input type="checkbox"/> Delete
NAME	CLARK, DENISE S D.O.	
STREET ADDRESS	452 NORTH KIRKMAN ROAD, SUITE 203	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/N/T/S/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5750 Major Blvd, Suite 104	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Denise S. Clark

DENISE S. CLARK, D.O.

4-13-00

(407) 522-7393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)