

DOCUMENT # P99000057316

1. Entity Name

CAREN CENTER II, INC.

R

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90097 011 ***150.00

Principal Place of Business

1133 4TH STREET, STE.300
SARASOTA FL 34236

Mailing Address

1133 4TH STREET, STE.300
SARASOTA FL 34236

2. Principal Place of Business

6122 S. TAMiami
Suite, Apt. #, etc.
TRAIL

3. Mailing Address

6122 S. TAMiami TRAIL
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0929572

Applied For

Not Applicable

Zip

34231-4029 USA

Zip

34231-4029 USA

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ALBERT A JR.
1133 4TH STREET, STE.300
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

CAROLYN M. DIXON, MD

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

6122 S. TAMiami TRAIL

City

SARASOTA

FL

Zip Code

34231-4029

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

Carolyn M. Dixon

7/28/00

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DIXON, CAROLYN M M.D.
CITY-ST-ZIP 6122 SOUTH TAMiami TR.
SARASOTA FL 34231

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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: *Carolyn M. Dixon*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

7/28/00

CR2E034 (5/00)

Attachment DOC#
P991000057314
A0072034

ALBERT A. SANCHEZ, JR., P.A.
ATTORNEY AT LAW
BELLE HAVEN OFFICE BUILDING
1133 FOURTH STREET
SARASOTA, FLORIDA 34236

MAILING ADDRESS:
POST OFFICE BOX 49495
SARASOTA, FLORIDA 34230-9495

TELEPHONE: (941) 952-9600
FACSIMILE: (941) 954-9028

July 31, 1999

VIA CERTIFIED MAIL

State of Florida
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Caren Center II, Inc.
FEI No. 65-0929572

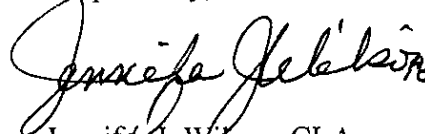
Dear Sir or Madam:

Please find enclosed the fully-executed year 2000 Uniform Business Report (URB) regarding the above-referenced corporation. Please be aware that upon this office's receipt of the URB in July, 2000, I immediately forwarded same to our client, Carolyn M. Dixon. After a telephone conversation with your office, I was advised that URB's were sent out in January, 2000. Unfortunately, we did not receive a URB in January.

Inasmuch as we did not receive a URB in January, I am requesting that the late fee be waived for the above-referenced corporation. I enclose a check for \$150.00 which represents the initial fee amount.

Thank you for your assistance and cooperation with this matter. If you should have any questions, please feel free to contact my office.

Respectfully,



Jennifer J. Wilson, CLA
Certified Legal Assistant

encls.

cc: Carolyn M. Dixon, M.D.

c:\wpfiles\laas.pal\dixon\diverp.731