

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062296

1. Entity Name  
**TRI-CARE PHYSICIAN'S ASSISTANT STAFFING, P.A.**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**  
04-18-2000 90001 009 \*\*\*150.00

Principal Place of Business      Mailing Address  
**1900 PINE GROVE ROAD**      **1900 PINE GROVE ROAD**  
**ST. CLOUD FL 34771**      **ST. CLOUD FL 34771-8693**

2. Principal Place of Business      3. Mailing Address  
**4069 13th ST**      **4069 13th ST**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#326**      **#326**

City & State      City & State  
**ST. CLOUD, FLORIDA**      **ST. CLOUD, FLORIDA**  
Zip      Zip      Country      Country  
**34769**      **34769**      **OSCEOLA**      **OSCEOLA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>PAYNE, MARK A</b> <b>1900 PINE GROVE ROAD</b> <b>ST. CLOUD FL 34771</b>	4. FEI Number <b>59-3588029</b>		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
	7. Name and Address of New Registered Agent		
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City <b>FL</b> 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: *Mark A. Payne*      DATE: 4/11/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAYNE, MARK A</b>		NAME		
STREET ADDRESS	<b>1900 PINE GROVE ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. CLOUD FL 34771</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZEIDAN, HISSAM</b>		NAME		
STREET ADDRESS	<b>736 AUTUMN GLEN DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRICKLAND, BRUCE M</b>		NAME	<b>BRUCE M. STRICKLAND</b>	
STREET ADDRESS	<b>2808 TAMARACK TRAIL</b>		STREET ADDRESS	<b>3032 FOX HILL CIRCLE, APT 208</b>	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>		CITY-ST-ZIP	<b>APOPKA, FLORIDA 32703</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Mark A. Payne*      Date: 4/11/00      Daytime Phone #: 407-931-4496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)