

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90033 018 ***150.00

DOCUMENT # P99000065781

1. Entity Name

DISEASE MANAGEMENT CONSULTANTS, INC.

Principal Place of Business

**307 VENTANA BOULEVARD
SANTA ROSA BEACH FL 32459**

Mailing Address

**307 VENTANA BOULEVARD
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3588912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
VARNDORE, WILLIAM E JR.
307 VENTANA BOULEVARD
SANTA ROSA BEACH FL 32459** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
MARCUS, ROSALYN P
307 VENTANA BOULEVARD
SANTA ROSA BEACH FL 32459** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**MARCUS VARNDORE
ROSALYN P**

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

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

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

TITLE
NAME
STREET ADDRESS
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 *Rosalyn P. Marcus*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 (859) 231-6995
Date Daytime Phone #

CR2E034 (9/01)

Attachment
Doc# 99000005781 / 8.13019
MARRIAGE RECORD
FLORIDA

APPLICATION NO. 98-194(E)

GROOM DATA	1. GROOM'S NAME (First, Middle, Last) WILLIAM EDWARD VARNADORE JR.	2. DATE OF BIRTH (Month, Day, Year) SEPTEMBER 14, 1957	
		3a. RESIDENCE - CITY, TOWN, OR LOCATION 4739 N. RUSHMORE LP. BEVERLY HILLS	3b. COUNTY CITRUS
BRIDE DATA	5a. BRIDE'S NAME (First, Middle, Last) ROSALYN PHYLLIS MARCUS	5b. MAIDEN SURNAME (if different) MARCUS	
		6. DATE OF BIRTH (Month, Day, Year) FEBRUARY 9, 1951	7. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA
AFFIDAVIT OF BRIDE AND GROOM	WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.		
	9. GROOM'S SIGNATURE (Sign full name) <i>William Edward Varnadore Jr.</i>	13. BRIDE'S SIGNATURE (Sign full name) <i>Rosalyn Phyllis Marcus</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON: MARCH 9, 1998
LICENSE TO MARRY	11. TITLE OF ISSUING OFFICIAL DEPUTY CLERK		
	12. SIGNATURE OF ISSUING OFFICIAL <i>Karan P. Danahy</i>		
RECORDED	17. DATE LICENSE ISSUED MARCH 9, 1998		
	18. EXPIRATION DATE MAY 8, 1999		
GROOM BRIDE	21. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF FLORIDA ON March 28, 1998 AT Orlando, FLORIDA		
	22a. SIGNATURE OF PERSON PERFORMING CEREMONY <i>Neal Pharo</i>		
GROOM BRIDE	22b. NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT) Minister		
	22c. ADDRESS P.O. Box 50797 San Bch, FL 32240		
RECORDED	23. SIGNATURE OF WITNESS TO CEREMONY <i>Joseph Varnadore</i>		
	24. SIGNATURE OF WITNESS TO CEREMONY <i>Phyllis Marcus</i>		
INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.			
GROOM BRIDE	29. RACE CAUCASION	29. NUMBER OF THIS MARRIAGE 2	30. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) DIVORCE FLORIDA
	32. RACE CAUCASION	33. NUMBER OF THIS MARRIAGE 2	34. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) DIVORCE FLORIDA
31. DATE LAST MARRIAGE ENDED MARCH 17, 1992			
35. DATE LAST MARRIAGE ENDED JUNE 20, 1991			

HRS Form 743, Feb 91
(Replaces Jan 89 edition which may be used)

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

AUDIT CONTROL NO. 138308

CERTIFIED COPY
MARYANNE MORSE
CLERK OF CIRCUIT COURT
SEMINOLE COUNTY, FLORIDA
BY *Karan P. Danahy*
DEPUTY CLERK
APR 17 1998