

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068402

1. Entity Name

EAST COAST MEDICAL SERVICES OF THE KEYS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90048 026 ***158.75

Principal Place of Business

Mailing Address

6471 3RD STREET
KEY WEST FL 33040

6471 3RD STREET
KEY WEST FL 33040-6027

2. Principal Place of Business

3. Mailing Address

PO Box 420333

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Summerland Key fl

City & State

City & State

Zip

Country

Zip

33042

Country

Monroe

4. FEI Number

105-0937634

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

MALONE, KELLI
6471 3RD STREET
KEY WEST FL 33040

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 Kelli Malone owner Kelli Malone, owner 2-8-00

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 \$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 ☐ Delete
NAME D
STREET ADDRESS MALONE, KELLI
CITY-ST-ZIP 6471 3RD STREET
KEY WEST FL 33040

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GUTIERREZ, IVIS
CITY-ST-ZIP 32 LOBSTERTAIL RD.
BIG PINE KEY FL 33043

TITLE ☒ Change ☐ Addition
NAME FONSECA, IVIS
STREET ADDRESS name change
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
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Kelli Malone owner Kelli Malone, owner 2-8-00

Date

Daytime Phone

CR2E034 (9/99)