

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 8:00 am**
Secretary of State

02-09-2001 90207 041 ***150.00

DOCUMENT # P99000068478

1. Entity Name

ALLIED PHYSICIANS NETWORK, INC.

Principal Place of Business

**2700 NW 62ND STREET
SUITE D-134
FORT LAUDERDALE FL 33309**

Mailing Address

**PO BOX 4653
FT. LAUDERDALE FL 33306**

2. Principal Place of Business

3. Mailing Address

2700 NW 62nd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-134

City & State

City & State

Ft. Lauderdale, FL

Zip

Country

Zip

33309

Country

USA

4. FEI Number

65-0824774

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)

City

FL

Zip Code

**ROMANO, DAVID DR.
2700 NW 62ND STREET
SUITE D-134
FORT LAUDERDALE FL 33309**

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROMANO, DAVID DR.
2700 NW 62ND, STE #D-134
FORT LAUDERDALE FL 33309**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP
☐ DeleteTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01
Date**954 974-4546**
Daytime Phone #

CR2E034 (10/00)