

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071845

1. Entity Name

PHYSICIAN PLACEMENT GROUP, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90193 002 ***150.00

Principal Place of Business

4410 VALIANT COURT
 NEW PORT RICHEY FL 34652

Mailing Address

4410 VALIANT COURT
 NEW PORT RICHEY FL 34652-3153

2. Principal Place of Business

1001 Kent Lane

Suite, Apt. #, etc.

3. Mailing Address

1001 Kent Lane

Suite, Apt. #, etc.

City & State

Palm Harbor FL

Zip
 34683

Country

Pinellas

City & State

Palm Harbor FL

Zip
 34683

Country

Pinellas

4. FEI Number

59-3592297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, CINDY
 1001 KENT LANE
 PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

H. Leslie Montgomery

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

1001 Kent Lane

City

Palm Harbor

FL

Zip Code

34683

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 H. Leslie Montgomery

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

H. Leslie Montgomery

27 APRIL 2000

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

TITLE ☐ Delete
 NAME President
 STREET ADDRESS H. Leslie Montgomery
 CITY-ST-ZIP 1001 Kent Lane
 PALM HARBOR FL 34683

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

H. Leslie Montgomery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 APRIL 2000

Date

727-784-3340

Daytime Phone #

11/17/00 - EC