

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000075194**

1. Entity Name

ON-TIME MEDICAL RECORDS, INC.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90161 001 *1,800.00

Principal Place of Business

**500 SOUTH FLORIDA AVENUE
SUITE 240
LAKELAND FL 33801**

Mailing Address

**500 SOUTH FLORIDA AVENUE
SUITE 240
LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**500 S. Florida Ave, 4th Floor
Lakeland, Florida 33801****500 S. Florida Ave, 4th Floor
Lakeland, Florida 33801**4. FEI Number **59-3598752**Applied For
Not Applicable

Zip Country

Zip Country

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

**SMITH HULSEY & BUSEY
1800 FIRST UNION TOWER
225 WATER STREET
JACKSONVILLE FL 32201**

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, 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 ☐ Delete
NAME **P**
STREET ADDRESS **PENNACHIO, JOHN J**
CITY-ST-ZIP **500 S FLORIDA AVE STE 240
LAKELAND FL 33801**TITLE ☒ Change ☐ Addition
NAME **500 S. Florida Ave, 4th Floor**
STREET ADDRESS **Lakeland, Florida 33801**
CITY-ST-ZIPTITLE ☐ Delete
NAME **EVP**
STREET ADDRESS **WELLS, MARK R**
CITY-ST-ZIP **500 S FLORIDA AVE STE 240
LAKELAND FL 33801**TITLE ☒ Change ☐ Addition
NAME **500 S. Florida Ave, 4th Floor**
STREET ADDRESS **Lakeland, Florida 33801**
CITY-ST-ZIPTITLE ☐ Delete
NAME **ST**
STREET ADDRESS **FITTERMAN, BARRY M**
CITY-ST-ZIP **500 S FLORIDA AVE STE 240
LAKELAND FL 33801**TITLE ☒ Change ☐ Addition
NAME **500 S. Florida Ave, 4th Floor**
STREET ADDRESS **Lakeland, Florida 33801**
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 and all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)