

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90099 037 \*\*\*150.00

**DOCUMENT # P99000077219**

1. Entity Name  
**EMPOWER MEDICAL CONSULTING GROUP, INC.**

Principal Place of Business

2190 ARBOUR WALK CIRCLE #2217  
 NAPLES FL 34109

Mailing Address

2190 ARBOUR WALK CIRCLE #2217  
 NAPLES FL 34109-8811

2. Principal Place of Business

**2033 Crestview Way**  
 Suite, Apt. #, etc.  
**# 103**

City & State  
**NAPLES FL**

Zip Country  
**34119 USA**

3. Mailing Address

**2338 Immokalee Road**  
 Suite, Apt. #, etc.  
**# 178**

City & State  
**NAPLES, FL**

Zip Country  
**34110 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3597895**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RUBIN, JAMES K ESQ.**  
**1100 N.E. 163RD STREET**  
**SUITE 101**  
**NORTH MIAMI BEACH FL 33162**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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, 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	PTD	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, JERRY MD</b>	
STREET ADDRESS	<b>24 FALCONWOOD COURT</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	<b>DILLON, WILLIAM P ESQ.</b>	
STREET ADDRESS	<b>2190 ARBOUR WALK CIRCLE #2217</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DILLON, WILLIAM P ESQ</b>	
STREET ADDRESS	<b>2033 Crestview Way #103</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**WILLIAM P DILLON President**

**4-17-2000**

**941-658-3158**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)