

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91395 003 ***150.00

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DOCUMENT # P99000080193

1. Entity Name
MEDICAL CARE CENTERS OF AMERICA, INC.



Principal Place of Business
**2802 W WATERS AVE
TAMPA FL 33614**

Mailing Address
**2802 W WATERS AVE
TAMPA FL 33614**



2. Principal Place of Business
3801 Corporate Park Drive

3. Mailing Address
3801 Corporate Park Drive

Suite, Apt. #, etc.
Suite 110A

Suite, Apt. #, etc.
Suite 110A

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33619

Country
USA

Zip
33619

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3592212

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

**TITUS, KEITH
13006 PRESTWICK DR
RIVERVIEW FL 33569**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **TITUS, KEITH**
STREET ADDRESS **13006 PRESTWICK DR**
CITY-ST-ZIP **RIVERVIEW FL 33569**

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

TITLE **D** ☐ Delete
NAME **WUBBENA, TROY**
STREET ADDRESS **2965 MAPLE TRACE DR**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE **D** ☐ Delete
NAME **FRIEDLANDER, JEFFREY**
STREET ADDRESS **850 CENTRAL PARKE CIRCLE APT 303**
CITY-ST-ZIP **LAKE LAND FL 33805**

TITLE **D** ☒ Change ☐ Addition
NAME **Friedlander, Jeffrey**
STREET ADDRESS **850 Central Parke Circle - Apt # 303**
CITY-ST-ZIP **Lake land, FL 33805**

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
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Titus, Director **04/25/03** **(813) 931-3311**

Date

Daytime Phone #

CR2E034 (10/02)