

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082353

1. Entity Name

MEDICAL ADMINISTRATORS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 23 PM 1:05

Principal Place of Business

Mailing Address

1940 HARRISON STREET #300  
HOLLYWOOD, FL 33020

2. Principal Place of Business

1940 HARRISON STREET

3. Mailing Address

Suite, Apt. #, etc.

# 300

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

Zip  
33020

Country  
BROWARD

Zip

Country

4. FEI Number

65-0943190

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVID MCLEOD  
1940 HARRISON STREET  
# 300  
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

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

DAVID MCLEOD, PRESIDENT

David McLeod 10/1/00

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)

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FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT (P)  
DAVID MCLEOD  
1940 HARRISON ST #300 HOLLYWOOD  
FL 33020

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M.  
ROBERT MIRSKY  
1940 HARRISON STREET #300  
HOLLYWOOD, FL 33020

☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700003459867-5  
11/09/00-01125-010  
\*\*\*\*150.00 \*\*\*\*150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID MCLEOD

10/1/00 954 921-26

Medical Administrators, Inc.  
1940 Harrison Street  
Suite 300N  
Hollywood, FL 33020

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

Please except this letter of explanation of our late filing of the required **UBR**.


Recently our company relocated offices and at that time we requested the necessary procedures from the post office in order to receive mail. For reasons that were out of our controller our mail was not received and the **UBR** was amongst that mail. After noticing that we had not received this form we requested it via phone request and have completed it immediately.

We are small Florida Business and could not sustain the additional filing fee and respectfully request it be waived and except the enclosed **UBR**.

Should there be in questions regarding this matter please contact me directly at: 954-921-2626

Thank you for your understanding.

Sincerely,

  
David McLeod  
President