

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088025

1. Entity Name
CENTRAL FLORIDA WOUND & SKIN CONSULTANTS, INC.

Principal Place of Business
14325 BENDING BRANCH COURT
ORLANDO FL 32824

Mailing Address
P.O. BOX 607521
ORLANDO FL 32860-7521

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3594908

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIKERT, MARY T
2518 EMERALD TREE LANE
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name Fikert, Mary T.
Street Address (P.O. Box Number is Not Acceptable)
516 Lanarkshire Place
City Apopka FL Zip Code 32712

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 Mary T. Fikert, Treasurer Mary J. Fikert 4/2/01
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

TITLE	P	<input type="checkbox"/> Delete
NAME	MOULAVI, DEBBIE	
STREET ADDRESS	2284 EMERALD ROAD	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LARACUENTE, RITA	
STREET ADDRESS	14325 BENDING BRANCH COURT	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	T	<input type="checkbox"/> Delete
NAME	FIKERT, MARIA T	
STREET ADDRESS	2518 EMERALD TREE LANE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BENOIT, BARBARA	
STREET ADDRESS	140 DUNCAN TRAIL	
CITY-ST-ZIP	LONGWOOD FL 32779	
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		<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
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: Mary J. Fikert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01
Date Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90229 031 ***150.00

C0050770



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)