## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # P99000093581 Jul 19, 2000 8:00 am 1. Entity Name MEDIWORKS PHYSICIAN SERVICES, INC. **Secretary of State** 07-19-2000 90004 026 \*\*\*150.00 Principal Place of Business Mailing Address 8004 LAGOS DE CAMPO BLVD. 8004 LAGOS DE CAMPO BLVD. SUITE #104-C SUITE #104-C TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRUESER, MARY Street Address (P.O. Box Number is Not Acceptable) 8004 LAGOS DE CAMPO BLVD. **SUITE #104-C** TAMARAC FL 33321 Zip Code ۴I 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min, will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PST** ☐ Change ■ Addition TITLE Delete TITLE NAME GRUESER, MARY NAME STREET ADDRESS 8004 LAGOS DE CAMPO BLVD. STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE GRUESER, MARY NAME STREET ADDRESS STREET ADDRESS 8004 LAGOS DE CAMPO BLVD. CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

## MEDIWORKS PHYSICIAN SERVICES 8004 LAGOS DE CAMPO BLVD. SUITE # 104-C TAMARAC, FL 33321

July 9, 2000

Re: FEI No.: 65-0957355

To Whom It May Concern:

I contacted your office and my accountant regarding this corporation fee. I am a new corporation and had never received a first notice from the Florida Department of State regarding the 2000 Uniform Business Report. I was told that if I had received a first notification, the fee would have been \$150.00. Being that I immediately forward all corporate documentation to my accountants office and retain copies for my records, I was never sent a first notice from the Florida Department of State. Therefore, I am including a check for \$150.00, which should be sufficient funds to cover the corporate fees you request.

Thank you,

Mary June Mediworks Physician Services

Mary Grueser, President