FILED

--- 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900094930 1. Entity Name CONVENIENT CARE MEDICAL CENTER, INC.							Sep 18, 2000 8:00 am Secretary of State 08-31-2000 90099 050 ***150.00					
Principal Place of Business 507 S MACDILL AVE TAMPA FL 33609 2. Principal Place of Business			Mailing Address 507 S MACDILL AVE TAMPA FL 33609									
			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	4. FEI Number Applied For Not Applicable					
Zip Country			Zìp	try		Certificate of Status Desired		\$8.75 Add Fee Required	ltional			
	6. Name	end Address of Current F	tegistered Agent		Name	7	Name and Address of New F	logistered A	gont			
CARSON BURKE BOMAR, JR.												
819 CYPRESS VILLAGE BLVD					Street Address (P.O. Box Number is Not Acceptable)							
RUS	SKIN FL 335	73										
					City		· · · · ·	FL	Zip Code	,		
	named entity	submits this statement for	the purpose of changing its	registere	ed office or a	registered ag	gent, or both, in the State of Fid	vida.				
SIGNATURE .	Signature, typed o	r printed name of registered agent an	d tite if applicable. (NOTE	: Registere	d Agent signetur	e required when r	einsteting)	DATE				
9. This corpo Tax filing r (See criter	FILE NOW! After SEPTEMBER 1: Make Check Payab	3, 2000	Min: will b	e \$750.00								
11.		OFFICERS AND C		12	·	JA .	ODITIONS/CHANGES TO OFF	ICERS AND			ଚ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		BURKE BOMAR, JR. RESS VILLAGE BLVD. FL 33573	☐ Delete		1				Change	Addition	CR2E034 (5/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	Addition	5	
TITLE			☐ Delete	TITLE	:				☐ Change	Addition		
STREET ADDRESS					ET ADDRESS	<u> </u>		<u> </u>				
TITLE .			☐ Delete	TITLE		····		_	☐ Change	Addition		
'NAME STREET ADDRESS		•			ET ADDRESS						•	
CITY-ST-ZIP				TITLE	-ST-ZIP			. · <u> </u>	Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP			□ Devec	NAM STRE	, 1							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	!		☐ Delete	TITLE NAME STRE					☐ Change	Addition		
	andibither it -	information granultud saleh s	his filing dose not qualify for			ed in Spetion	119 07/3/ii) Florida Statutes	I further cert	ity that the in	formation		

3. 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNAMO OFFICER ON CURECTOR

8/25/00

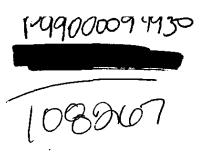
817-627-8003

Daysme Pr

Date

Denoma Proma d





Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302 1500 8/25/00

RE: Document #: P990000094930

The above mentioned Uniform Business Report document was not received by our office until after the filing deadline. Convenient Care Medical Center did not occupy the principal place of business until June 6, 2000. Mail was undeliverable prior to June 6th, due to construction of the facility.

At this time, we are requesting that the late fees be waived. If you need additional information please do not hesitate to contact my office directly at 813-633-8013.

Sincerely,

Carson Burke Bomar

President

507 South MacDill Avenue • Tampa, Florida 33609 (813) 350-9398