

2000 UNIFORM BUSINESS REPORT (UBR)

8/3

FILED
Sep 18, 2000 8:00 am
Secretary of State

08-31-2000 90099 050 ***150.00

DOCUMENT # P99000094930

1. Entity Name

CONVENIENT CARE MEDICAL CENTER, INC.

R

Principal Place of Business

507 S MACDILL AVE
TAMPA FL 33609

Mailing Address

507 S MACDILL AVE
TAMPA FL 33609

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

22-3687218

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

CARSON BURKE BOMAR, JR.
819 CYPRESS VILLAGE BLVD
RUSKIN FL 33573

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

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 \$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	D CARSON BURKE BOMAR, JR. 819 CYPRESS VILLAGE BLVD. RUSKIN FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

8/25/00

813-633-8603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)



CONVENIENT CARE MEDICAL CENTER
INC.

Family Practice and Urgent Care • Appts & Walk-ins Welcome

149000094930

[REDACTED]

108267

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