

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109780

1. Entity Name

MED PLUS OF BRANDON, INC.

R

FILED

Sep 12, 2000 8:00 am  
Secretary of State

09-12-2000 90016 020 \*\*\*150.00

Principal Place of Business

220 W. BRANDON BLVD., UNIT 104  
BRANDON FL 33511

Mailing Address

220 W. BRANDON BLVD., UNIT 104  
BRANDON FL 33511

00100001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0975523

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOMPOTHECRAS, GARY  
738 EDGEMERE LN.  
SARASOTA FL 34242

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KOMPOTHECRAS, GARY  
220 W. BRANDON BLVD., UNIT 104  
BRANDON FL 33511

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (15/00)

attachment  
P99 000 109780 30105981

Page 2 of 2



August 21, 2000

Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

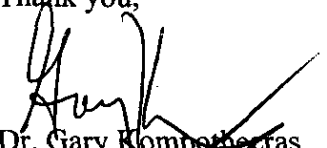
Attn: Tyron

Re: Uniform Business Reports

Dear Tyron:

Medplus of Brandon, Inc. never received the first UBR notice to file. We request that the additional fee for late filing and payment be waived. The \$150.00 filing fee was returned by your office and is enclosed.

Thank you,

  
Dr. Gary Kompothecras  
President

**Medical Walk-In Clinic - Main Administrative Office**

2130 S. Tamiami Trail  
Sarasota, FL 34239

(941) 363-9474  
Fax: 363-9793