2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State
07-20-2000 90011 007 ***150.00

DOCUMENT # P99000110146

1. Entity Name
STARKE FAMILY MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
218 S. WALNUT ST. STARKE FL 32091	218 S. WALNUT ST. STARKE FL 32091

DO NOT WRITE IN THIS SPACE

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 59-3614870 ☐ Applied For ☐ Not Applicable

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
SIKES, WALTER DAVID JR DC 218 S. WALNUT ST. STARKE FL 32091	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	P WALTER DAVID SIKES JR. D.C. 218 S WALNUT ST. STARKE, FL. 32091 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S JOELLE MARIE INNOCENT-SIMON D.O. 218 S. WALNUT ST. STARKE, FL 32091 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T W. DAVID SIKES JR. D.C. 218 S. WALNUT ST. STARKE, FL. 32091 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/12/00 904-964-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
P99000110146
P00277292

DR. W. DAVID SIKES
Board Certified Chiropractic Physician
Diplomate National Board
Chiropractic Physicians

STARKE FAMILY MEDICAL CENTER
Professional Rehabilitative
Chiropractic Care
Diagnostic & Outpatient Services

218 S. Walnut Street
Starke, Florida 32091
Telephone (904) 964-5455

Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

In a conversation with your office on 6/30/00, I related the fact that I had not received the UBR Form 2000 (my accountant had asked me about this). I was told she would mail one to me and I was to fill out the form and attach a letter of explanation with a check for $150.00.

Thank you for your kind assistance.

Regards,

W. David Sikes
Registered Agent
Starke Family Medical Center, Inc.