

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S82197

1. Entity Name

INTEGRATED PROVIDER NETWORKS, P.A.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90195 001 ***150.00

Principal Place of Business

7777 GLADES RD.
SUITE 300
BOCA RATON FL 33434

Mailing Address

7777 GLADES RD.
SUITE 300
BOCA RATON FL 33434-4150

2. Principal Place of Business

2828 Croasdaile Drive

Suite, Apt. #, etc.

3. Mailing Address

2828 Croasdaile Drive

Suite, Apt. #, etc.

City & State

Durham NC

City & State

Durham NC

Zip

27705

Country

USA

Zip

27705

Country

USA

4. FEI Number

65-0290533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	SCOTT, STEVEN M.	
STREET ADDRESS	17020 BROOKWOOD DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCOTT, REBECCA J.	
STREET ADDRESS	17020 BROOKWOOD DR.	
ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, STEVEN R	
STREET ADDRESS	17020 BROOKWOOD DR.	
ST-ZIP	BOCA RATON FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEGNER, ANITA	
STREET ADDRESS	2828 CROASDAILE DR	
ST-ZIP	DURHAM NC	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, CHASE M.	
STREET ADDRESS	17020 BROOKWOOD DR.	
ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	182 Alexander Palm Road West	
STREET ADDRESS	Boca Raton FL 33432	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	182 Alexander Palm Road West	
STREET ADDRESS	Boca Raton FL 33432	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Anita S Wegner, Sec

Date

3-21-00

Daytime Phone #

919-383-0355