

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S82793

1. Entity Name

CENTER FOR PREVENTIVE MEDICINE, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90024 027 \*\*\*150.00

Principal Place of Business

2706 20TH STREET  
VERO BEACH FL 32960

Mailing Address

2706 20TH STREET  
VERO BEACH FL 32960-3001

2. Principal Place of Business

2050 40TH AVENUE

Suite, Apt. #, etc.

SUITE 2

3. Mailing Address

2050 40TH AVENUE

Suite, Apt. #, etc.

SUITE 2

City & State

VERO BEACH FL

City & State

VERO BEACH FL

Zip

32960

Country

U.S.A.

Zip

32960

Country

U.S.A.

4. FEI Number

65-0288162

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUARANTO, DANNY  
2706 20TH STREET  
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name  
QUARANTO, DANNY

Street Address (P.O. Box Number is Not Acceptable)

2050 40TH AVENUE

SUITE 2

City

VERO BEACH

FL

Zip Code

32960

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 ☐ Delete  
NAME D  
STREET ADDRESS QUARANTO, DANNY  
CITY-ST-ZIP 2706 20TH STREET  
VERO BEACH FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MONASTERIO, JOSEFINA  
CITY-ST-ZIP 2706 20TH STREET  
VERO BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME P/D  
STREET ADDRESS QUARANTO, DANNY  
CITY-ST-ZIP 2050 40TH AVENUE, SUITE 2  
VERO BEACH FL 32960

TITLE ☒ Change ☐ Addition  
NAME T/D  
STREET ADDRESS MONASTERIO, JOSEFINA  
CITY-ST-ZIP 2050 40TH AVENUE, SUITE 2  
VERO BEACH FL 32960

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

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

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

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

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:

*Danny Quaranto*

2/13/00

561-778-8877

Date

Daytime Phone #

CR2E034 (9/99)