## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V03436** Jun 20, 2000 8:00 am 1. Entity Name Secretary of State WEST PALM BEACH FAMILY DOCTORS, INC. 06-20-2000 90007 045 \*\*\*550.00 Principal Place of Business Mailing Address 2550 OKEECHOBEE BLVD. 2550 OKEECHOBEE BLVD. SUITE J W PALM BEACH FL 33409-4040 W PALM BEACH FL 33409 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEì Number City & State 65-0301174 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALEXANDER, KAREN L Street Address (P.O. Box Number is Not Acceptable) 5737 OKEECHOBEE BLVD. **SUITE 201** W PALM BEACH FL 33417 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE GARRETT, LINDA NAME NAME STREET ADDRESS 2550 OKEECHOBEE BLVD, #J STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE RICHARD, DANA P D.O. NAME NAME STREET ADDRESS 2550 OKEECHOBEE BLVD., STE. 5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST\_PALM\_BEACH\_FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SULLE AND AND AND AND AND OF SIGNING OFFICER OF DIRECTOR

☐ Delete

Lindal. Garrett

561-683.3230

☐ Change

☐ Addition

Daytime Phone #