

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V12641**

1. Entity Name

Physicians Healthcare Plans, Inc.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90025 044 ***150.00

Principal Place of Business

1410 N WESTSHORE BLVD
SUITE 200
TAMPA, FL 33607

Mailing Address

1410 N WESTSHORE BLVD
SUITE 200
TAMPA, FL 33607

00062828

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

65-0318864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OUELLETTE, Ms. DEBBIE
1410 N. WESTSHORE BLVD
SUITE 200
TAMPA, FL 33607

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	DC	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MICHAEL S	
STREET ADDRESS	2333 PONCE DE LEON BLVD STE 303	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARPENTER, BRUCE	
STREET ADDRESS	1410 N WESTSHORE BLVD; STE 200	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	S	<input type="checkbox"/> Delete
NAME	STAMER, PETER	
STREET ADDRESS	2333 PONCE DE LEON BLVD STE 303	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, FRED W	
STREET ADDRESS	1410 N WESTSHORE BLVD; STE 200	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOEPEL, ROBERT	
STREET ADDRESS	2333 PONCE DE LEON BLVD STE 303	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOWE, RICK	
STREET ADDRESS	2333 PONCE DE LEON BLVD STE 303	
CITY-ST-ZIP	CORAL GABLE	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRED W BROWN

5-30-2000 (813) 829-8318

CR2E034 (9/99)