

# 2000 UNIFORM BUSINESS REPORT (UBR)

0578397

DOCUMENT # V41157

1. Entity Name

JJ&R EMERGENCY MEDICAL GROUP OF FLORIDA, INC.

FILED

00 APR -7 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4451 GLENCOE BLVD.  
SUITE 260  
MARINA DEL REY CA 90292  
US

4451 GLENCOE BLVD.  
SUITE 260  
MARINA DEL REY CA 90292-6357  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3125825

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

MAHER, MARK  
1600 TAMiami TRAIL  
SUITE 111  
PUNTA GORDA FL 33950

Name C T Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road  
City Plantation FL Zip Code 33324

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

D.F. HICKEY  
ASSISTANT SECRETARY

April 6, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSTON, BRIAN D	
STREET ADDRESS	4551 GLENCOE SUITE 260	
CITY-ST-ZIP	MARINA DEL REY CA 90292	
TITLE	EVS	<input type="checkbox"/> Delete
NAME	STAUM, BARRY	
STREET ADDRESS	4551 GLENCOE SUITE 260	
CITY-ST-ZIP	MARINA DEL REY CA 90292	
TITLE	SVT	<input type="checkbox"/> Delete
NAME	BUCKLEY, EDWARD L	
STREET ADDRESS	4551 GLENCOE SUITE 260	
CITY-ST-ZIP	MARINA DEL REY CA 90292	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEPPER, STEVE	
STREET ADDRESS	4551 GLENCOE SUITE 260	
CITY-ST-ZIP	MARINA DEL REY CA 90292	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, ROLAND B	
STREET ADDRESS	4551 GLENCOE SUITE 260	
CITY-ST-ZIP	MARINA DEL REY CA 90292	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRASH, STEWART	
STREET ADDRESS	4551 GLENCOE SUITE 260	
CITY-ST-ZIP	MARINA DEL REY CA 90292	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	200003213902--2
CITY-ST-ZIP	-04/19/00--01012--016
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	****150.00
STREET ADDRESS	****150.00
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 #

Barry Staum EVS

3-28-00

KE

CR2E034 (9/99)