

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 683852

1. Entity Name  
CORPORATE MEDICAL SERVICES, INC.

*P*

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90026 008 \*\*\*150.00

Principal Place of Business: 1543 PALMETTO LANE, SARASOTA FL 34236-2417  
Mailing Address: 1543 PALMETTO LANE, SARASOTA FL 34236-2417

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: P.O. Box 10810  
Suite, Apt. #, etc.

City & State: BLOOMINGTON, IN  
Zip: 47402, Country: MONROE

4. FEI Number: 59-2046358  
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  
CONN, EVA LORENE  
1543 PALMETTO LN  
SARASOTA, FL  
33577

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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: PD NAME: BROWN, BILL C STREET ADDRESS: 1543 PALMETTO LN CITY-ST-ZIP: SARASOTA, FL 00000	<input type="checkbox"/> Delete
TITLE: STD NAME: BRONW, PATRICIA STREET ADDRESS: 1543 PALMETTO LN CITY-ST-ZIP: SARASOTA, FL 00000	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED Date: 8/23/00 Daytime Phone #: 812-333-7986

CR2E034 (5/00)

Attachment doc #  
683852  
DOU 83394

**BILL C. BROWN**

Century Village

P.O. Box 1086

Bloomington, IN 47402

(812) 333-7986 office

(812) 336-0115 fax

August 23, 2000

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Division of Corporations,

I am writing in regard to the 2000 Uniform Business Report for Corporate Medical Services, Inc., FEI 59-2046358. We did not receive the original document mailed by your office which was due in May. The first form that we received this year was the one indicating that our report was delinquent and the filing fee would now include a \$ 400.00 late payment penalty. I would like to respectfully request that the late payment penalty be waived. In previous years we have always filed our reports on a timely basis. I do not know why the original form for 2000 did not reach us but it did not. However, I have changed the mailing address for our corporation to hopefully prevent this from happening again. I have enclosed a payment in the amount of \$ 150.00 pending your decision.

Thank you for your consideration of this request.

Sincerely,

*Bill C Brown*  
CB

Bill C. Brown, President  
Corporate Medical Services, Inc.

BCB: cr

Encls.