

2000 UNIFORM BUSINESS REPORT (UBR)

JK01812 N

DOCUMENT # A98000000422

1. Entity Name
MEDCYL SERVICES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG -4 AM 9:02

Principal Place of Business
**4236 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**

Mailing Address
**P.O. BOX 917452
LONGWOOD FL 32791-7452**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3493391	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOCK, RONALD G ESQ. 37 N. ORANGE AVENUE, SUITE 500 ORLANDO FL 32801-2425			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. \$29,700.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000099906 AEOLUS, INC. 5 PELICAN PLACE BELLEAIR FL 33756-1512	STREET ADDRESS CITY - ST - ZIP	000003357860--0 -08/15/00--01054--003 ****296.65 ****296.65
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	000003357860--0 -08/15/00--01054--004 ****408.75 ****408.75
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *B. S. Smith* **REGISTERED** DSN1880 **7/12/00** **(813) 855-5730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)