

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90005 049 ***150.00

DOCUMENT # F01000002174

1. Entity Name
MEDICAL PROVIDER SERVICES, INC.

Principal Place of Business
1813 WALTHOUR RD.
SAVANNAH GA 31410

Mailing Address
PO BOX 799
WHITE SPRINGS FL 32096



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
135 Hampstead Ave
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Savannah, GA

City & State

4. FEI Number **58-2354667** **Applied For**
Not Applicable

Zip **31406** **Country** **USA**

Zip **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VASSAR JR, J L
7345 S.E. 182ND BLVD
WHITE SPRINGS FL 32096

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

☐ 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASSAR JR, J L		NAME		
STREET ADDRESS	1813 WALTHOUR RD		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH GA		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASSAR, MARY		NAME		
STREET ADDRESS	1813 WALTHOUR RD		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH GA		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, VIRGINIA		NAME		
STREET ADDRESS	PO BOX 30250		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH GA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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 **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (9/01)