

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90016 010 ***150.00

DOCUMENT # M78217

1. Entity Name

HEALTH CARE SERVICES OF MISSISSIPPI, INCORPORATE

Principal Place of Business

Mailing Address

%STEPHEN P. GRIGGS
4506 L. B. MCLEOD RD., #F
ORLANDO FL 32811

%STEPHEN P. GRIGGS
4506 L. B. MCLEOD RD., #F
ORLANDO FL 32811-5668

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 **59-2893038**

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **GRIGGS, STEPHEN P**
STREET ADDRESS **4506 LB MCLEOD RD STE F**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Orlando, FL 32811**

TITLE **VP** ☐ Delete
NAME **ZIOMEK, JANET L**
STREET ADDRESS **4506 L.B. MCLEOD RD., SUITE F**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **NOVELL, N. SCOTT**
STREET ADDRESS **4506 L.B. MCLEOD RD., SUITE F**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LEVIN, MARC**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD 21117**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **910 Ridgebrook Road**
CITY-ST-ZIP **Sparks, MD 21152**

TITLE **D** ☐ Delete
NAME **ELKINS, MARSHALL**
STREET ADDRESS **10065 RED RUN BLVD.**
CITY-ST-ZIP **OWINGS MILLS MD 21117**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **910 Ridgebrook Road**
CITY-ST-ZIP **Sparks, MD 21152**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

N. Scott Novell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

N. Scott Novell 2/14/00 407-941-2115

CR2E034 (9/99)