

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P94000065250**

1. Entity Name

**SENTINEL MEDICAL SERVICES, INC.**

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90100 035 \*\*\*550.00

Principal Place of Business 710 YORKTOWN DR LEESBURG FL 34748	Mailing Address 710 YORKTOWN DR LEESBURG FL 34748
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	<b>59-3277839</b>	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SCHLEIN, EDWARD M M.D. 710 YORKTOWN DR LEESBURG FL 34748	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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEIN, EDWARD M M.D.	NAME	
STREET ADDRESS	710 YORKTOWN DR	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	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	
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)(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 682, 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:** Edward M. Schlein **08/24/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **352-326-3455** Daytime Phone #

CR2E034 (5/00)