

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 301122

1. Entity Name

MEDICAL OFFICES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90257 028 ***150.00

Principal Place of Business

306 SOUTH TENTH STREET
HAINES CITY FL 33844

Mailing Address

306 SOUTH TENTH STREET
HAINES CITY FL 33844

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1195964**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STINE, JAY C JR
306 SOUTH TENTH ST
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	STINE, JAY C	
STREET ADDRESS	2025 W. LAKE HAMILTON DR.	
CITY- ST- ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEGNAN, MICHAEL	
STREET ADDRESS	2612 CREST DR	
CITY- ST- ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, DAVID E.	
STREET ADDRESS	7000 STATE RD. 544 STE 7	
CITY- ST- ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAIN, MANUEL G.	
STREET ADDRESS	1488 LAKE MIRROR NW	
CITY- ST- ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, JOHN W.	
STREET ADDRESS	3224 LAKE BREEZE DR	
CITY- ST- ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORNTON, FRANK J.	
STREET ADDRESS	3079 LANDINGS CT.	
CITY- ST- ZIP	HAINES CITY FL 33844	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)