

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 365895

(2)

1. Corporation Name

MEDICAL BUSINESS SERVICE INC



Principal Place of Business

236 VALENCIA AVENUE  
CORAL GABLES FL 33134

Mailing Address

236 VALENCIA AVENUE  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

06/19/1970

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 2511 PONCE DE LEON BLVD.

26 P.O. BOX 141011

4. FEI Number

58-1106227

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

CORAL GABLES

CORAL GABLES FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33134

USA

33114-1011

USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERALD, THOMAS J

236 VALENCIA AVE - 2511 PONCE DE LEON BLVD  
CORAL GABLES FL 33114 4TH FLOOR

81 Name

NOTE - WE ARE MOVING

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

APPRX. 6/1/96

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0512 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

THOMAS J. HERALD

4/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME TO  
HERALD, THOMAS J

STREET ADDRESS 236 VALENCIA  
CITY - ST - ZIP CORAL GABLES, FL 33314

TITLE ☐ DELETE

NAME VD  
HERALD, WILLIAM C

STREET ADDRESS 236 VALENCIA  
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE ☐ DELETE

NAME SD  
HERALD, JAMES P

STREET ADDRESS 236 VALENCIA  
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE ☒ DELETE

NAME PD  
HERALD, PAUL J

STREET ADDRESS 236 VALENCIA  
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS J. HERALD

Date

Daytime Phone #

4/19/96 (305) 446-2378

CR2E034 (12/95)