

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91517 027 ***158.75

DOCUMENT # **365895**

1. Entity Name

Medical Business Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2511 Ponce de Leon Blvd

3. Mailing Address

2511 Ponce de Leon Blvd.

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

400

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1106227

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas J. Havel.

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

2511 Ponce de Leon Blvd.

Suite 400

City

Coral Gables

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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

3/26/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	TD
NAME	Thomas J. Havel
STREET ADDRESS	2511 Ponce de Leon Blvd, #400
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	SD
NAME	Jamar P. Havel
STREET ADDRESS	2511 Ponce de Leon Blvd. #400
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/02

Daytime Phone #

305.446.2778

CR2E034B (12/01)