

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 547724**

1. Entity Name

MED MSI FLORIDA, INC.**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90061 024 ***300.00

Principal Place of Business

**44 LAKE BEAUTY DRIVE
SUITE 300
ORLANDO FL 32806**

Mailing Address

**44 LAKE BEAUTY DRIVE
SUITE 300
ORLANDO FL 32806-2047**

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

59-1765742

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

**HAMES, LAURENCE C
390 NORTH ORANGE AVENUE
SUITE 2500
ORLANDO FL 32801**

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 PD
NAME HUTTON, WILLIAM L M.D.
STREET ADDRESS 7150 GREENVILLE AVENUE, SUITE 114
CITY-ST-ZIP DALLAS TX 75231 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE PCEO
NAME THOMAS, J. R.
STREET ADDRESS 1320 GREENWAY, STE 600
CITY-ST-ZIP IRVING TX 75038 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE AS
NAME LOWE, RICHARD A
STREET ADDRESS 500 THROCKMORTON ST., 1800 BANK ONE TOWER
CITY-ST-ZIP FORT WORTH TX 76102 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE V
NAME MOZINGQ, BETTY
STREET ADDRESS 1320 GREENWAY, STE 600
CITY-ST-ZIP IRVING TX 75038 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #