2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90024 025 ***150.00

DOCUMENT # 625893

1. Entity Name
MEDCOMP, INC.

Principal Place of Business
---- S. UNIVERSITY DRIVE. SUITE #6
; LAUDERDALE FL 33328

Mailing Address
3501 S. UNIVERSITY DRIVE. SUITE #6
FT LAUDERDALE FL 33328-2001

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1921770 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUITTNER, MARVIN , ATTY. AT LAW, P.A.
4330 WEST BROWARD BLVD., SUITE C
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers 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

9. This corporation is eligible to satisfy the 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	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOWARD, JAMES M.		NAME		
STREET ADDRESS	3501 S UNIVERSITY DR #6		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOWARD, NANCY C		NAME		
STREET ADDRESS	3501 S UNIVERSITY DR #6		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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 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: Nancy C Howard