

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90086 027 ***150.00

DOCUMENT # 642342

1. Entity Name

MAGNOLIA MEDICAL SERVICES, INC.

Principal Place of Business

**1648 OSCEOLA ST.
JACKSONVILLE FL 32204**

Mailing Address

**1648 OSCEOLA ST.
JACKSONVILLE FL 32204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1957081**

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

**ODONNELL, JAMES D.
1648 OSCEOLA ST.
JACKSONVILLE FL 32204**

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, 2002 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 **PS** ☐ Delete
NAME **RAMSEY, JAMES M**
STREET ADDRESS **1648 OSCEOLA ST**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02

Date

904-321-0350

Daytime Phone #

CR2E034 (9/01)

Attachment

O'DONNELL & GROSSE
ATTORNEYS AT LAW
1648 OSCEOLA STREET
JACKSONVILLE, FLORIDA 32204
(904) 387-4963
TELECOPIER (904) 384-7329

642342 / 1607874

JAMES D. O'DONNELL
RENEE D. GROSSE

LEE MARINELLI *
OF COUNSEL
* ADMITTED IN WASHINGTON D.C.
VIRGINIA & TENNESSEE ONLY

February 26, 2002

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

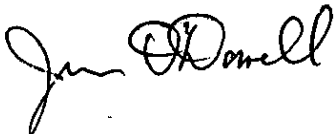
Re: Magnolia Medical Services, Inc.

Dear Sir/Madam:

Enclosed please find the 2002 Uniform Business Report for Magnolia Medical Services, Inc. along with our firm check in the amount of \$150.00 for the filing fee.

Thank you for your assistance.

Sincerely,



James D. O'Donnell

JOD/ldr

Enclosure