

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90018 016 \*\*\*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

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

7. Name and Address of New Registered Agent

Name

**GROSSE, RENEE**

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

**5150 BELFORT RD., BLDG. 500**

City

**JACKSONVILLE**

**FL**

**32256**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS RAMSEY, JAMES M 1648 OSCEOLA ST JACKSONVILLE FL 32204</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT SALLY BURGESS 1602 21st ST GRANITE CITY IL 62040</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Sally Burgess** RES **Sally Burgess**

**2-8-03**

Date

Daytime Phone #

**6184515722**

CR2E034 (10/02)

Attachment DOC# 642342

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

80033885

JAMES D. O'DONNELL  
RENEE D. GROSSE

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

February 18, 2003

Uniform Business Report  
Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

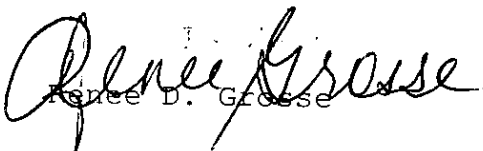
Re: Magnolia Medical Services, Inc.  
Document #642342

Dear Sir/Madam:

With reference to the captioned corporation, enclosed please find the 2003 Uniform Business Report along with a check (#1097) in the amount of \$150.00 for the filing fee.

Thank you for your assistance in this matter.

Sincerely,

  
Renee D. Grosse

RDG/wps

Enclosures  
\as stated

cc: Sally Burgess

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ON THE NEXT PAGES OF THE REPORT

IN THE YEAR 1997