

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90085 030 \*\*\*550.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 698545**

1. Entity Name  
**MELDISCO K-M LIVE OAK, FLA., INC.**

4086



Principal Place of Business  
1525 S. OHIO AVENUE  
LIVE OAK, FL 32060

Mailing Address  
933 MACARTHUR BLVD  
MAHWAH, NJ 07430-2045 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**22-2365910**

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

UNITED STATES CORPORATION COMPANY  
1201 HAYES STREET  
STE. 106  
TALLAHASSEE, FL 32301

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. 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 \$160.00**  
**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 PD ☐ Delete  
NAME SHEPARD, JEFFREY  
STREET ADDRESS 933 MACARTHUR BLVD.  
CITY-ST-ZIP MAHWAH, NJ

TITLE V ☐ Delete  
NAME PROFFITT, RANDALL S  
STREET ADDRESS 933 MACARTHUR BLVD.  
CITY-ST-ZIP MAHWAH, NJ

TITLE T ☒ Delete  
NAME GUINNESSSEY, KATHLEEN  
STREET ADDRESS 933 MACARTHUR BLVD.  
CITY-ST-ZIP MAHWAH, NJ 07430

TITLE AT ☒ Delete  
NAME BAUMLIN, THOMAS  
STREET ADDRESS 933 MACARTHUR BLVD.  
CITY-ST-ZIP MAHWAH, NJ 07430

TITLE S ☐ Delete  
NAME RICHARDS, MAUREEN  
STREET ADDRESS MACARTHUR BLVD  
CITY-ST-ZIP MAHWAH, NJ

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition  
NAME **Treasurer**  
**VINCENT ZANNA**  
STREET ADDRESS **933 MACARTHUR BLVD., MAHWAH, NJ 07430**  
CITY-ST-ZIP

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)