

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003278

1. Entity Name

MEDICAL GROUP SERVICES, INC.

FILED  
CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATION OF CORPORATION

02 FEB -6 PM 4:27

Principal Place of Business  
6800 WEST DALE MABRY, SUITE 154  
TAMPA FL 33614

Mailing Address  
6800 WEST DALE MABRY, SUITE 154  
TAMPA FL 33614

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

52-2235458

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

GRECO, FRANK J ESQ.  
C/O HARRIS, BARRETT ET AL  
1715 NORTH WESTSHORE BLVD., #750  
TAMPA FL 33607

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)

000004898870--3

02/11/02 01002-011

\*\*\*\*200.00 \*\*\*\*150.00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
RATNER, DANIEL J  
12 OLD STAGECOACH  
WESTON CT 06883

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DIRECTOR/VP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VSTD  
CABRERA, BRINA  
6800 WEST DALE MABRY, SUITE 154  
TAMPA FL 33614

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRESIDENT

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CEO  
ANTHONY F. MANISCALCO  
6800 N. DALE MABRY, STE 154  
TAMPA, FL 33614

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S, T  
CATHERINE A. MANISCALCO  
6800 N. DALE MABRY, STE 154  
TAMPA, FL 33614

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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 of Maniscalco*

ANTHONY F. MANISCALCO

1/8/02 (513) 890-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)