2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

% MICHAEL S. BORCHECK

F01000001852 **DOCUMENT #**

1. Entity Name

Principal Place of Business

% MICHAEL S. BORCHECK

SIGNATURE:

MEDICAL FACTORING, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90163 002 ***150.00

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280 W. CANTON AVE. STE. 330 WEST PALM BEACH FL 32789			280 W. CANTON AVE. STE. 330 WEST PALM BEACH FL 32789											
2. Principal Place of Business			3. Mailing Address					ı					04 16 04 00	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State				City & State			4.	4. FEI Number 59-3621616				———	pplied For at Applicable	
Zip Country			Zíp			untry		. Certif	icate of Status Desi	red 🗆		75 Add	ditional	
<u> </u>	6. Name	ed Agent		7. Name and Address of New Registered A					red Agen	t				
BORCHECK, MICHAEL S 280 WEST CANTON AVE. STE. 330 WINTER PARK FL 32789							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 an	nd title if ap	plicable. (NOTE	: Registerer	d Agent signature	required when	rainstatio	20)	DA.				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Τ	Election Campaig Trust Fund Contril	ın Financing			0 May Be to Fees	
, 10.		OFFICERS AND D	IRECTO	DRS	11.		A	DDITIC	DNS/CHANGES TO	OFFICERS A	AND DIRE	CTORS	SIN 11	
NAME STREET ADDRESS CITY-ST-ZIP	280 W. CA	K, MICHAEL S INTON AVE. SUITE 330 ARK FL 32789		☐ Delete								Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1						□ C	Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP					□ CI	nange	Addition	
12. I hereby co- indicated co- of the corp changed, c	ertify that the on this report foration or the or on an attac	information supplied with the or supplemental report is the receiver or trusted empowers, with an existence, with	nis filing ue and ered to hair oth	does not qualify for accurate and that me execute this report a per like empowered	the exen y signatu s require	nption stated are shall have ed by Chapte	in Section the same or 607, Flor	119.07 legal e ida Sta	7(3)(i), Florida Statut effect as if made und tutes; and that my r	es. I further der oath; that lame appear	certify that t I am an i rs in Block	t the inf officer c < 10 or f	ormation or director Block 11 if	

Date

Daytime Phone #