

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90493 030 \*\*\*150.00

**DOCUMENT # F02000006347**

1. Entity Name

**MEDICAL EDGE HEALTHCARE GROUP, INC.**



Principal Place of Business

**9330 AMBERTON PARKWAY, SUITE 200  
DALLAS TX 75243**

Mailing Address

**9330 AMBERTON PARKWAY, SUITE 200  
DALLAS TX 75243**

2. Principal Place of Business

3. Mailing Address

**9229 LBJ Freeway**

Suite, Apt. #, etc.

**Suite 250**

City & State

**Dallas, TX**

Zip

**75243**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

City & State

Zip

Country

4. FEI Number

**75-2682287**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

**Frank L. Adams**

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

**1051 Winderley Place, Ste 103**

City

**Maitland**

FL

Zip Code

**32751**

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

**4/17/03**

**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 ☐ Delete  
NAME **C**  
STREET ADDRESS **HELLSTERN, RONALD A M.D.**  
CITY-ST-ZIP **9330 AMBERTON PARKWAY, SUITE 200  
DALLAS TX 75243**

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **HEIGHTEN, CLAY**  
CITY-ST-ZIP **9330 AMBERTON PARKWAY, SUITE 200  
DALLAS TX 75243**

TITLE ☐ Delete  
NAME **DVS**  
STREET ADDRESS **SINGLEY, DAVID**  
CITY-ST-ZIP **9330 AMBERTON PARKWAY, SUITE 200  
DALLAS TX 75243**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **AUSTIN, MIKE**  
CITY-ST-ZIP **9330 AMBERTON PARKWAY, SUITE 200  
DALLAS TX 75243**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **9229 LBJ Freeway**  
CITY-ST-ZIP **Suite 250**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **9229 LBJ Freeway**  
CITY-ST-ZIP **Suite 250**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **9229 LBJ Freeway**  
CITY-ST-ZIP **Suite 250**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **9229 LBJ Freeway**  
CITY-ST-ZIP **Suite 250**

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 REQUIRED**

**4/23/03**

**972.739.3079**

Date

Daytime Phone #

CR2E034 (10/02)