

F14000000557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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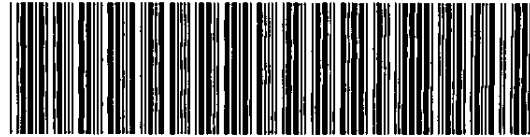
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Med-Pro Corp FL**

Name of Corporation

DOCUMENT NUMBER: **F14000000557**

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lawrence Sasso

Name of Contact Person

Firm/Company

123 Mariner Drive, Bldg 1

Address

Tarpon Sprngs, FL 34689

City/State and Zip Code

medprocorp1@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David R. Brackett, CPA at **(516) 767-6480**

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
Med-Pro Corp FL
2. This entity was authorized to transact business in Florida on 02/06/2014 and its Florida document number is F14000000557
3. This corporation was formed under the laws of New York
4. The name and address of each officer and/or director is as follows:

Title:

President

Name and Address

Lawrence Sasso

123 Mariner Drive, Bldg 1

Tarpon Springs, FL 34689

Secy/Treas

Marie Sasso

123 Mariner Drive, Bldg 1

Tarpon Springs, FL 34689

(Attach additional pages if necessary)

Lawrence Sasso
Signature of an officer or director
Lawrence Sasso
Typed or printed name of person signing

President

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314