

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90150 031 ***550.00

0147367 AB

DOCUMENT # F97000001310

1. Entity Name
THE MEDSTAT GROUP, INC.



Principal Place of Business
**777 EAST EISENHOWER PARKWAY
ANN ARBOR MI 48108**

Mailing Address
**777 EAST EISENHOWER PARKWAY
ANN ARBOR MI 48108**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1467923**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLES, STEPHEN ☒ Delete
180 WARDOUR STREET
LONDON W1A 4YG ENGLAND

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASSISTANT SECRETARY ☐ Change ☒ Addition
GLEN COLE
777 E EISENHOWER PKWY
ANN ARBOR MI 48108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CULLEN, ROBERT ☒ Delete
777 E EISENHOWER PKWY
ANN ARBOR MI 48108

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRIEDLAND, EDWARD A ☐ Delete
ONE STATION PLACE
STAMFORD CT 06902

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HULLAND, DAVID ☐ Delete
ONE STATION PLACE
STAMFORD CT 06902

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STANLEY, DEIDRE ☐ Delete
ONE STATION PLACE
STAMFORD CT 06902

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO ☒ Delete
HAGERTY, LAURENCE
777 EAST EISENHOWER PARKWAY
ANN ARBOR MI 48108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASSISTANT SECRETARY ☒ Change ☐ Addition
LAURENCE HAGERTY
777 E EISENHOWER PKWY
ANN ARBOR MI 48108

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

9-9-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03 (4/03)