

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004123

1. Entity Name

MEDE AMERICA CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90039 027 ***150.00

Principal Place of Business

Mailing Address

90 MERRICK AVE.
EAST MEADOW NY 11554

90 MERRICK AVE.
EAST MEADOW NY 11554-1571

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

11-3270245

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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)

DATE

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, 2000 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	C	<input type="checkbox"/> Delete
NAME	MCINERNEY, THOMAS E	
STREET ADDRESS	320 PARK AVE., STE. 2500	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, TIMOTHY M	
STREET ADDRESS	222 W. ADAMS ST., 33RD FL.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE NICOLA, ANTHONY	
STREET ADDRESS	320 PARK AVE., STE. 2500	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	DP	<input type="checkbox"/> Delete
NAME	STAUDT, THOMAS P	
STREET ADDRESS	90 MERRICK AVE.	
CITY-ST-ZIP	EAST MEADOW NY 11554	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINCHESTER, ALAN	
STREET ADDRESS	8601 SIX FORKS RD., STE. 300	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BANKOSKY, RICHARD P	
STREET ADDRESS	90 MERRICK AVE, STE 501	
CITY-ST-ZIP	EAST MEADOW NY 11554	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)