

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90048 030 ***150.00

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DOCUMENT # F98000005799

1. Entity Name

MEDICAL PLANNING AND CONSULTANTS, INC.

Principal Place of Business

Mailing Address

~~1545 WHITSTABLE COURT~~
LAKE MARY FL 32746

~~1545 WHITSTABLE COURT~~
LAKE MARY FL 32746

2. Principal Place of Business

405 Lake Butler Ave

3. Mailing Address

405 Lake Butler Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

25-1372528

Applied For

Not Applicable

Zip

34759

Country

FLK

Zip

34759

Country

FLK

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

BEISLER, JOSEPH L

~~1545 WHITSTABLE COURT~~
LAKE MARY FL 32746

Name

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

405 Lake Butler Ave

City

Kissimmee

FL

Zip Code

34759

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, 2002 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 ☐ Delete
CP
NAME **BEISLER, JOSEPH L**
STREET ADDRESS **1545 WHITSTABLE COURT**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☒ Change ☐ Addition
405 Lake Butler Ave
NAME **Kissimmee FL 34759**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
VCST
NAME **BEISLER, SALLY J**
STREET ADDRESS **1545 WHITSTABLE COURT**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☒ Change ☐ Addition
405 Lake Butler Ave
NAME **Kissimmee FL 34759**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED
BEISLER, JOSEPH L
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)