

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90125 020 \*\*\*150.00

**DOCUMENT #** H35149

**1. Entity Name**  
 MEDICAL SOCIETY SERVICES, INC.

**Principal Place of Business**  
 2304 Aloma Avenue  
 Suite 100  
 Winter Park, FL 32792

**Mailing Address**  
 2304 Aloma Avenue  
 Suite 100  
 Winter Park, FL 32792

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
 59-2478902

Applied For  
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

2304 Aloma Avenue  
 Suite 100  
 Winter Park, FL 32792

Name  
 Kim Williams

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** *Kim Williams*  
 Signature typed or printed name of registered agent and title if applicable.

Kim Williams

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/27/00*

**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	P	<input type="checkbox"/> Delete
NAME	Johnson, Gennett	
STREET ADDRESS	2304 Aloma Avenue, Suite 100	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	Roberts, Victor L.	
STREET ADDRESS	2304 Aloma Avenue, Suite 100	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Harding, David	
STREET ADDRESS	2304 Aloma Avenue, Suite 100	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	S	<input type="checkbox"/> Delete
NAME	Nathanson, Ian	
STREET ADDRESS	2304 Aloma Avenue, Suite 100	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	T	<input type="checkbox"/> Delete
NAME	Poole, David	
STREET ADDRESS	2304 Aloma Avenue, Suite 100	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	Stieg, Frank	
STREET ADDRESS	2304 Aloma Avenue, Suite 100	
CITY-ST-ZIP	Winter Park, FL 32792	

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	
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	
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:** *Gennett Johnson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/27/00*

*(407)622-8188*

CR2E034 (9/99)

H35149  
00098858

MEDICAL SOCIETY SERVICES, INC.

- Stephen Commins, M.D. D  
2304 Aloma Avenue, Suite 100  
Winter Park, FL 32792
  
- Harold L. Greenberg, M.D. D  
2304 Aloma Avenue, Suite 100  
Winter Park, FL 32792
  
- Henry N. Ho, M.D. D  
2304 Aloma Avenue, Suite 100  
Winter Park, FL 32792
  
- Oswald T. Saavedra, M.D. D  
2304 Aloma Avenue, Suite 100  
Winter Park, FL 32792
  
- Jeffrey Thill, M.D. D  
2304 Aloma Avenue, Suite 100  
Winter Park, FL 32792
  
- J. Michael Verlander, M.D. D  
2304 Aloma Avenue, Suite 100  
Winter Park, FL 32792
  
- Gary A. Kalser, M.D. D  
2304 Aloma Avenue, Suite 100  
Winter Park, FL 32792
  
- Armando Rego, M.D. D  
2304 Aloma Avenue, Suite 100  
Winter Park, FL 32792
  
- Robert W. Westergan, M.D. D  
2304 Aloma Avenue, Suite 100  
Winter Park, FL 32792
  
- Aparna Hernandez, M.D. D  
2304 Aloma Avenue, Suite 100  
Winter Park, FL 32792
  
- Robin B. Garelick, M.D. D  
2304 Aloma Avenue, Suite 100  
Winter Park, FL 32792