

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H41678

1. Entity Name

MEDICAL OFFICE SYSTEMS CORPORATION

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90248 032 ***150.00

Principal Place of Business

Mailing Address

650 DOUGLAS AVE
STE. 1000
ALTAMONTE SPRINGS FL 32714

650 DOUGLAS AVE
STE 1000
ALTAMONTE SPRINGS FL 32714-2519

2. Principal Place of Business

3. Mailing Address

650 DOUGLAS AVE.

650 DOUGLAS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 1020

STE. 1020

City & State

ALTAMONTE SPRINGS FL

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

U.S.A.

Zip

32714

Country

U.S.A.

4. FEI Number

59-2408159

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

RAY, RANDALL
250 ALTAMONTE COMMERCE BLVD.
ALTAMONTE SPRINGS FL 32714

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 PS
NAME RAY, RANDALL
STREET ADDRESS 650 DOUGLAS AVE STE. 1000
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
NAME
STREET ADDRESS STE 1020
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME LEWIS, WENDY R
STREET ADDRESS 650 DOUGLAS AVE. STE 1000
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
NAME
STREET ADDRESS STE 1020
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Wendy R Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-00

Date

407-862-9100

Daytime Phone #

CR2E034 (9/99)