

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H67505**

1. Corporation Name

MEDICAL COLLECTION & MANAGEMENT SERVICES, INC.

Principal Place of Business

P O BOX 21068
TAMPA FL 33622-068
US

Mailing Address

P O BOX 21068
TAMPA FL 33622-068
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1985

4. FEI Number

59-2555022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 5444 BAY CENTER DR S

Suite, Apt. #, etc.

22 SUITE 135

City & State

23 TAMPA FL

Zip

24 33609

Country

25 HILLSBOROUGH

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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9. Name and Address of Current Registered Agent

**BENNING, DOUGLAS L.
5444 BAY CENTER DR
SUITE 135
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **EDP** ☐ DELETE
NAME **BENNING, DOUGLAS L.**
STREET ADDRESS **2804 BARRET AVE, WALDEN LAKE**
CITY-ST-ZIP **PLANT CITY FL 74 33567**

TITLE **D** ☐ DELETE
NAME **BENNING, CYNTHIA D.**
STREET ADDRESS **2804 BARRET AVE, WALDEN LAKE**
CITY-ST-ZIP **PLANT CITY FL 74 33567**

TITLE **S** ☐ DELETE
NAME **SADOWSKI, DELLA**
STREET ADDRESS **7105 SILVERMILL DRIVE**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Douglas L. Benning **082399**

813 286
1749

Date

Daytime Phone #

CR2E034 (5/99)

FILED
Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90002 037 ***550.00

