FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-13-2002 90094 022 ***150.00

DOCUMENT #
1. Entity Name H67505

MEDICAL COLLECTION & MANAGEMENT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE 90273

2. Principal Place of Business	3. Mailing Address
5444 Bay Center Drive,	P.O. Box 21068
Suite, Apt. #, etc. Suite 135	Suite, Apt. #, etc.
City & State Tampa, FL 33609	City & State Tampa, FL 33622
Zip 33609 Country USA	Zip 33622 Country USA

4. FEI Number 59-2555022 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Douglas L Benning

Street Address (P.O. Box Number is Not Acceptable) 2804 Barrett Avenue

City Plant City, FL Zip Code 33567

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 Douglas L. Benning 5-28-02.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent's 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) ☐

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	EDP
NAME	Benning, Douglas L
STREET ADDRESS	2804 Barret Ave., Walden Lakes
CITY-ST-ZIP	Plant City, FL 33567-7274
TITLE	D
NAME	Benning, Cynthia D.
STREET ADDRESS	2804 Barret Avenue, Walden Lak
CITY-ST-ZIP	Plant City, FL 33567-7274
TITLE	S
NAME	Sadowski, Della
STREET ADDRESS	7105 Silvermill Drive
CITY-ST-ZIP	Tampa, FL 33635
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas L. Benning April 26, 2002 813-286-1749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #