2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# H67505

Entity Name: MEDICAL COLLECTION & MANAGEMENT SERVICES. INC.

Current Principal Place of Business:

5444 BAY CENTER DR 5
STE 135
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 21068
TAMPA, FL 33622068 US

New Mailing Address:

FEI Number: 59-2555022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNING, DOUGLAS L.
2804 BARRETT AVENUE
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: EDP ( ) Delete
Name: BENNING, DOUGLAS L.,
Address: 2804 BARRET AVE, WALDEN LAKE
City-St-Zip: PLANT CITY, FL 74

Title: D ( ) Delete
Name: BENNING, CYNTHIA D.,
Address: 2804 BARRET AVE, WALDEN LAKES
City-St-Zip: PLANT CITY, FL 74

Title: S ( ) Delete
Name: SADOWSKI, DELLA
Address: 7105 SILVERMILL DRIVE
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS L BENNING EDP 04/30/2003

Electronic Signature of Signing Officer or Director Date