

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # J16152	
1. Entity Name	
FAMILY MEDICAL LEASING, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8679 WOODLANDS CT Suite, Apt. #, etc.	3. Mailing Address 8679 WOODLANDS CT Suite, Apt. #, etc.
City & State PICKERINGTON, OH	City & State PICKERINGTON, OH
Zip 43147	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2673341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Addition Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name H. LEON HOLBROOK	
Street Address (P.O. Box Number is Not Acceptable) 2301 INDEPENDENT SQUARE	
ONE INDEPENDENT DRIVE	
City JACKSONVILLE	FL Zip Code 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, BARBARA J 8679 WOODLANDS COURT PICKERINGTON, OH 43147
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11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	100000113064 04/14/04-80048-020 158.75
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/04 614-755-3832