

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

**FILED** ATX1  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> J16152
<b>1. Entity Name</b>
FAMILY MEDICAL LEASING INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 13335 TOLLGATE RD		<b>3. Mailing Address</b> 13335 TOLLGATE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PICKERINGTON, OH		City & State PICKERINGTON, OH	
Zip 43147	Country FAIRFIELD	Zip 43147	Country FAIRFIELD

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name H LEON HOLBROOK	
Street Address (P.O. Box Number is Not Acceptable) 2301 INDEPENDENT SQUARE	
ONE INDEPENDENT DRIVE	
City JACKSONVILL	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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, BARBARA J 13335 TOLLGATE RD PICKERINGTON, OH 43147
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**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 J Taylor 4/6/05 614-837-2612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #