

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90022 013 \*\*\*158.75

**DOCUMENT # J22049**

1. Entity Name  
**CENTRAL MEDICAL SYSTEMS, INC.**

Principal Place of Business

**830 EYRIE DRIVE  
 SUITE 6-B  
 OVIEDO FL 32765  
 US**

Mailing Address

**P.O. BOX 5771  
 WINTER PARK FL 32793-5771  
 US**

2. Principal Place of Business

3. Mailing Address

**107 NE 1ST AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**OCALA FL**

4. FEI Number **59-2711436**

Applied For

Not Applicable

Zip

Country

Zip  
**34470**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARLEY, ALAN T  
 2494 WESTMINSTER TERRACE  
 OVIEDO FL 32765**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**530 LAKE MILLS RD**

City  
**CHULUOTA**

FL

Zip Code  
**32766**

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

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

(NOTE: Registered Agent 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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARLEY, ALAN T 530 LAKE MILLS RD CHULUOTA FL 32766	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARLEY, JOAN S 530 LAKE MILLS RD CHULUOTA FL 32766	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

**ALAN T. HARLEY 3/12/01 (407) 365-7580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)