

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90084 017 \*\*\*150.00

0520549

**DOCUMENT # J46148**

1. Entity Name  
**HUTTON MEDICAL SERVICES CORP.**

Principal Place of Business      Mailing Address  
**2051 RANGE RD.**      **2051 RANGE RD.**  
**CLEARWATER FL 34625**      **CLEARWATER FL 34625**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**13-3383753**      Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HAFLEY, MICHAEL K.**  
**2051 RANGE ROAD**  
**CLEARWATER FL 34625**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SILVER, MARTIN</b>	
STREET ADDRESS	<b>64 BEACHSIDE AVENUE</b>	
CITY-ST-ZIP	<b>WESTPORT CT</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MATLIN, GERALD</b>	
STREET ADDRESS	<b>6 WOODLAND CT.</b>	
CITY-ST-ZIP	<b>BEDFORD NY</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CIARLETTA, PERRY</b>	
STREET ADDRESS	<b>35 CARLING DRIVE</b>	
CITY-ST-ZIP	<b>NEW HYDE PARK NY</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HAFLEY, MICHAEL K</b>	
STREET ADDRESS	<b>2051 RANGE ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: P.A. CIARLETTA      Date: 3-21-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (10/00)