

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J90581

Entity Name

MEDICAL SERVICES, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90099 021 ***150.00

Principal Place of Business Mailing Address
MIDDLE PARK DRIVE 13901 MIDDLE PARK DRIVE
FL 33624 TAMPA FL 33624-3408
US

Principal Place of Business 3. Mailing Address
Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Country Zip Country

4. FEI Number **58-1808375** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLISSON, MICHAEL D.
13901 MIDDLE PARK DRIVE
TAMPA FL 33624

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

corporation is eligible to satisfy its Intangible
filing requirement and elects to do so.
(see criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD GLISSON, MICHAEL D. 13901 MIDDLE PARK DR TAMPA FL 33614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D TAYLOR, LEONARD J. 14316 KELLINGREW PLACE TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. GLISSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00
Date

813 962-2139
Daytime Phone #

CR2E034 (9/99)