

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L13351

1. Entity Name
MED MONITORING SYSTEMS, INC.

Principal Place of Business
1250 SOUTH HWY 17-92
SUITE 240
LONGWOOD FL 32750
US

Mailing Address
C/O ALVIN SAVOY
689 RIVERCREST LANE SUITE A
LONGWOOD FL 32779

2. Principal Place of Business
689 Rivercrest LA

3. Mailing Address
Suite, Apt. #, etc.

City & State
Longwood FL

City & State

Zip
32779

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

SAVOY, ALVIN
689 RIVERCREST LANE SUITE A
LONGWOOD FL 32779

4. FEI Number
59-2993787

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

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, 2002 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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAVOY, ALVIN 689 RIVERCREST LANE S-A LONGWOOD FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUMMER, WILLIAM 1308 ROBERT E. LEE LANE BRENTWOOD TN | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

1-4-2002 4073325055

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90001 011 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)